



Name: _____ **Date:** _____

Employment Classification: _____ **Department:** _____

Requesting Leave With Pay – _____ **OR Without Pay –** _____

Describe requested activities:

(course numbers, title, credit hours, degree objective, industry, training, etc.)

If working on advanced degree, will degree be completed at the end of educational leave?

Yes - _____ **No -** _____

Length of educational leave requested:

Starting Date: _____ **Ending Date:** _____

How will the benefits gained from this leave enable you to better perform your duties at the college?



Length of service at College: _____

How does the requested course or training meet your professional objectives?

What prior personal investment have you made in this endeavor?
(time, money, etc.)

I have read and understand the Employee Educational Leave policy #3.09
_____ (Initials)

I understand that if I terminate my employment with JCC within a year of receiving educational leave, I will be responsible for repaying the monetary value of educational leave received. _____ (Initials)

Additional comments _____

Employee's Signature _____ **Date** _____



TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR:

Will funds be needed to replace this employee during leave period? _____

If yes, amount of funds needed: _____

Do you recommend this employee for educational leave? _____

If not, explain why _____

Employee's Supervisor _____ Date: _____

Associate VP _____ Date: _____

Vice President _____ Date: _____

Administrative Council _____ Date: _____

President _____ Date: _____

Chairman, Board of Trustees _____ Date: _____

** "Next academic year" as used in rule [23 NCAC 02D, 0103](#) (Educational Leave with Pay) with respect to state-funded educational leave has been defined to mean the year immediately following the year educational leave is taken.

The employee's direct supervisor will submit a signed copy of this request and return to the employee within 60 days of the request.