

FORM B

FEATHER RIVER COMMUNITY COLLEGE DISTRICT

REQUEST FOR PERSONNEL ACTION MANAGEMENT AND CLASSIFIED EMPLOYEES

Employee Name _____

900# _____

SECTION 1 - LEAVES OF ABSENCE

- Employee Illness
- Paid Vacation
- Compensatory Time
- Personal Necessity (attach Personal Necessity form)
- Jury Duty (attach verification)
- Family Death (state relationship) _____
- Other Leave (please specify) _____

Effective From: _____ To: _____
Date Date

Length of leave: _____ Date Returned to Duty: _____
Hours/Days Date

I certify the above information: _____ Date: _____
Signature

SECTION 2 - REQUEST FOR COMPENSATORY TIME, EXTRA TIME OR OVERTIME WITH PAY

Note: All Leaves in this section must be approved PRIOR to being worked!! Any time worked without prior approval will be considered voluntary and will not be compensated.

- Compensatory Time (The Human Resources Office will calculate the appropriate rate, 1.5.)
- Extra Straight Time
- Overtime with pay (Attach Form B to timesheet and submit directly to Payroll.)

Number of hours to be worked: _____ Date to be worked: _____

Reason: _____

Signature: _____ Date: _____

SECTION 3 - APPROVAL

Approved Signed by: _____ Date: _____
Signature

Denied Title: _____

Instructions for Supervisor: Within 2 working days, leave requests need to be signed and returned; submit the **YELLOW** copy to the Employee and the **WHITE** copy to the Human Resources Office.