

## Application for Unbanking

**Important:** This form must be approved by the department chair, dean, appropriate vice president, and superintendent/president **no later than** the fourth week of the semester **prior to the semester** during which the LHE would be unbanked.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

1st Choice-Requested Semester: \_\_\_\_\_ Requested LHE: \_\_\_\_\_

2nd Choice Semester: \_\_\_\_\_

By signing below, I agree to the following:

*I am requesting to unbank the above LHE for the requested semester. In the event the District is unable to grant this leave request, my second choice semester unbanking is listed. I understand that if I am approved to unbank a full semester (15 LHE), I am not eligible unbank another full semester for three years. I understand that full-semester unbanking and sabbaticals are limited to 6% of the faculty in any one semester. The order of priority for unbanking and sabbatical leaves is as follows: sabbatical leaves, faculty members who have not previously unbanked leave, and faculty members who have previously unbanked leave by order of seniority.*

*I am certifying that: (a) the program will not be jeopardized by my absence, and (b) competent staff are available to teach the classes/provide the services vacated by me.*

For more information regarding conditions for banking and unbanking, please see the District/Faculty Assembly Agreement, section D.3.0.

**Sign and date below then email the form to the Assistant Superintendent/Vice President - Human Resources, Charlie Ng at [cng@miracosta.edu](mailto:cng@miracosta.edu).**

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

### **ASST. SUPT./VICE PRESIDENT - HUMAN RESOURCES COMPLIANCE VERIFICATION**

Application for unbanking meets CBA compliance requirements:  Yes      No

Last Semester Unbanked: \_\_\_\_\_

AS/VP Human Resources Signature: \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT CHAIR/DEAN/VICE PRESIDENT RECOMMENDATION/APPROVAL**

Request Approved for (semester): \_\_\_\_\_ 20 \_\_\_\_\_

Request denied due to: \_\_\_\_\_

By approving this banked time off and signing below you are certifying that: (a) the program will not be jeopardized by the absence of the faculty member, and (b) competent staff are available to teach the classes/provide the services vacated by the regular faculty member.

Department Chair Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Vice President Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL OF THE SUPERINTENDENT/PRESIDENT**

*The time selected for banked time off, as recommended, has my approval*

\_\_\_\_\_  
Date \_\_\_\_\_ Signature \_\_\_\_\_

**ROUTING UPON SUPERINTENDENT/PRESIDENT APPROVAL**

- VPI Exec Assistant      Faculty Member      AS/VP Human Resources      Payroll

FOR PAYROLL OFFICE USE ONLY	
Total LHE Banked to Date	
Total LHE Off <i>(for unbanking only)</i>	
LHE Remaining <i>(for unbanking only)</i>	
LHE Compensation Rate in Effect	
Account Distribution	
Pay I.D.	
Position Number	
Record Number	