COUNTY COLLEGE OF MORRIS

Leave Request and Authorization to Work Compensatory Time or Overtime

For Full-Time Employees

 Employee Name: Department: Date:

|  |  |  |
| --- | --- | --- |
|       |       |       |

Note: In all cases the appropriate contract, laws and/or policy provisions are applicable.

Status: [ ]  Mgt. [ ]  CASS [ ]  CCMSA [ ]  AAPF [ ]  FACCM

 Type of Leave Requested: Actual Date(s) of Absence:

 (If less than 1 day, specify hours)

|  |  |
| --- | --- |
| [ ]  Vacation |       |
| [ ]  Sick |       |
| [ ]  Compensatory – See below |       |
| [ ]  Personal\* |       |
| [ ]  Floating Holiday |       |
| [ ]  Bereavement\* |       |
| [ ]  Family Illness\* |       |
| [ ]  Jury Duty (Documentation Required)\* |       |
| [ ]  Other (Including Leave Without Pay) |       |

\*Explanation:

Note: **Personal Leave** is defined as leave for the purpose of observing religious holidays or attending to urgent personal responsibilities that cannot be scheduled at a time that does not conflict with the performance of employment duties. **Family Illness Leave** may only be used as explicitly defined in the appropriate contract and/or policy provisions. **Sick Leave** usage must meet the definition as defined by the NJ Paid Sick Leave Law or in the CCM bargained agreements.  When the Medical Absence is in excess of five days, the supervisor must notify the Human Resources Department Benefits Manager.  The college reserves the right to require Medical certification and/or fitness for duty per the NJ Paid Sick Leave Law and CCM bargained agreements.

**Faculty:** How are your work responsibilities to be handled in your absence?

AUTHORIZATION TO WORK COMPENSATORY TIME OR OVERTIME

Note: In all cases the appropriate contract, laws and/or policy provisions are applicable.

 Request to Work: Date(s) to Work: Reason to Work:

|  |  |  |
| --- | --- | --- |
| [ ]  Compensatory Time |       |       |
| [ ]  Overtime |       |       |
|  |       |       |

I am taking leave in accordance with the contract, laws and/or policy provisions that are applicable to me regarding the request submitted on this form.

Signature Date

 **Authorized Signatures:**

Supervisor/Department Chair Date Director/Department Head Date

[ ]  Approved [ ]  Denied [ ]  Approved [ ]  Denied

Division Dean Date Vice President Date

[ ]  Approved [ ]  Denied [ ]  Approved [ ]  Denied

Note: Faculty requests are to be processed through the Department Chairperson to the appropriate Divisional Dean.