PASADENA AREA COMMUNITY COLLEGE DISTRICT
APPLICATION TO USE BANKED HOURS

Semester _____   Year _____

Name _____   Social Security Number _____-_____-_____

Division _____   Extension _____

This "Application To Use Banked Hours" must be submitted one semester in advance of proposed use, except when used in conjunction with a sabbatical, in which case the application must be submitted when a sabbatical leave is approved.

PLAN

(check one)

_____ I wish to use my banked hours to supplement my assignment. My assignment will be reduced to _____% for the (check one):

☐ _____ semester 20 ____.   ☐ Academic year 20 ____ – 20 ____.

_____ I wish to use my banked hours to take banked leave during the (check one):

☐ _____ semester 20 ____.   ☐ Academic year 20 ____ – 20 ____.

_____ I wish to use my banked hours to fill out my sabbatical leave.

_____ Other (please indicate plan): _____

_____

I request a pay-off of my banked hours:

_____ All banked hours

_____ Partial payoff (enter FTE to be paid)   Amount of FTE: _____
(payoff on the basis of "first in, first out)

_____   _____
Applicant's signature   Date

(Division Use)

Staffing/Program Needs

Appropriate part-time staff is available   _____ Yes _____ No
_____n/a

Program needs will be met during absence   _____ Yes _____ No

APPROVALS:

___ Approved ___ Denied _____   _____
                                         Division Dean   Date

___ Approved ___ Denied _____   _____
                                         Asst. Sup./ Vice President, Instruction   Date

Forms\Banked Use