Los Rios Community College District		
Application for Long Term Staff Development Leave (LRCEA/LRSA members: Consult your collective bargaining agreements for additional information and requirements. LRMA members: Consult the District Board Policies and Regulations for additional information and requirements.)		
Name: Employee ID#:		
Work Location: ARC CRC DO FLC SCC Other Employee Type: Classified, LRCEA Classified, SEIU Supervisor, LRSA Management Confidential		
Job Title:		
Years Employed with LRCCD: # Hours Worked/Week: # Days Worked/Week:		
1. What type of activity do you wish to pursue?		
2. How many months are you requesting?		
3. What is the purpose and objective of the activity? Please provide a detailed description of the proposed activities.		
4. If your intention is to enroll in a college/university, please identify the educational institution, the academic term (with specific dates), and a list of courses with course descriptions.		
5. How does this activity prepare you for a career change?		
6. Have you ever received a leave under this provision before? If yes, please give dates and details.		

7. How would this activity benefit you, the District, and its st	udents?	
8. How will you evaluate the effectiveness of this leave?		
9. How do you plan to share the results of the studies, project community?	cts or activities with your college and/or worksite	
If awarded this Long-Term Staff Development Leave, I agree to complete the activity that I have proposed and provide a detailed report at the conclusion of the activity to the Staff Development Leave Committee. Furthermore, I agree to resume my duties at the conclusion of the Staff Development Leave and remain in District service for twice the length of time as the leave (or 2 years for Management and Confidential staff). I have read the provisions within the collective bargaining agreement and/or District Board Policies and Regulations governing this leave and agree to abide by them. I understand and will accept the penalties for non-compliance as stated in the collective bargaining agreement and/or District Board Policies and Regulations.		
Applicant Signature	Date	
Approval of Immediate or Appropriate Supervisor The activity as stated in the application has / does not have my approval. Supervisor: If approved, please indicate on a separate sheet of paper how the on-going responsibilities of the applicant will be fulfilled during the period of the leave.		
Supervisor Signature	Date	
Approval of Department Manager The activity as stated in the application 🗆 has / 🗆 does not have my approval.		
Department Manager Signature	Date	
Approval of College President / Vice Chancellor The activity as stated in the application 🗆 has / 🗆 does not have my approval.		
College President / Vice Chancellor Signature Please forward this form to the Director of Human Resources f	Date Date	
Tuition Reimbursement (limited duration) Upon completion of the Long-Term Staff Development Leave, a Leave Committee a request for tuition reimbursement. In order point average during the period of the leave and must provide paid and the period covered. An official transcript (must rema	er to qualify, the employee must have maintained a 2.0 grade a receipt from the college or university validating the amount	

:forms\application for long term staff development leave