



### Faculty Leave & Substitute Form

#### Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Course(s): \_\_\_\_\_  
 Dates of Leave: \_\_\_\_\_ Hours (total): \_\_\_\_\_

#### Type of Leave

Illness/Sick	Bereavement (see HR)	Unpaid Personal Leave
FMLA (see HR)	Cornish Business	Professional Leave
Other: _____		

#### Faculty Substitute

Employee Name: \_\_\_\_\_ SSN (last four digits): \_\_\_\_\_  
 Core Faculty                      Instructor                      Outside Replacement

#### For Cornish Business or Professional Leave

Description of Cornish Business or Leave Activity:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Leave Policies

- Faculty teaching 50% FTE or greater are eligible for a pro-rata of sick leave hours equal to their departmental full-time teaching load, not to exceed full-time hours.
- Faculty teaching less than 50% are allowed to miss two class sessions due to illness without salary reduction.
- Bereavement Leave All faculty: Paid bereavement leave up to five days for faculty who have experienced a death in their immediate family.

#### Acknowledgement of Leave Policy

By signing this form, you confirm that you understand that you have read the 2018-2021 Collective Bargaining Agreement.

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Substitute Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Dept Chair Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Provost Signature \_\_\_\_\_ Date \_\_\_\_\_