APPLICATION TO USE BANKED HOURS

Consistent with the provisions of the YCCD/YFA negotiated agreement, I hereby request to use the following credit hours of banked leave. I have read the terms and conditions applicable to this request as listed in Article 10 of the YFA Contract and I agree to abide by the same.

Faculty Name: *Please Print* _____ ID# _____

Requested Semester/ Year: _____

Requested Number of Hours: _____ Load %: _____

How will your program/service area accommodate your absence? (provide attachments if necessary).
(Response Required)

_____

_____

_____

Administrative comments: _____

_____

_____

_____ _____
Signature: Faculty Member Date

_____ _____
Signature: Division Dean* Date

* *Note to Division Dean: Please identify **replacement** assignments as **REPB** in Ellucian-Colleague and enter banked leave information in FAOA screen.* _____ **initials**

_____ _____
Signature: Vice President of Instruction ^ Date

^ *Note to Faculty Member:* Conditional approval pending Banking Review Committee approval.

Instruction Office use only:

Datatel ID#: _____

COMMITTEE ACTION
REVIEW DATE:
APPROVED: _____
DENIED: _____

Banked leave hours verified by Instruction Office. _____
Initial & Date

Date Sent:*_____ *(Final Committee Action)

Banked Hours Balance to date: _____

Original: Vice President of Instruction – Banking Records
Copies: Faculty Member / Division Dean / Human Resources

Revised: 09.08.2026