Unit Banking - Request to Bank Units Form

SECTION 1: EMPLOYEE INFORMATION – (To be Completed by Employee)

Employee Name: ________________________  Academic Year: ___

Dept: ________________________  Division: ________________________

Specify # of Overload units to bank each term:  Fall [ ]  Winter [ ]  Spring [ ]  Summer [ ]

Anticipated Term of Leave: ________________________

Employee Signature: ________________________  Date: ________________________

SECTION 2: APPROVAL TO BANK UNITS (To be Completed by Division Dean)

Explanation of any denial will be provided in writing to the employee.

Division Dean:  

Approval [ ]  Denial [ ]  Signature: ________________________  Date: ________________________

Division Dean:  

(If faculty works in more than one division)

Approval [ ]  Denial [ ]  Signature: ________________________  Date: ________________________

Note: Article 9.4.2.2 states that this form is to be completed before or during the development of the schedule for the term for which the units will be banked. An explanation is required for all approvals given after the development of the schedule for the impacted term.

A maximum of 6 units per academic year may be banked. Banked units must be used within seven (7) years of the first semester of accumulation. Deadline to complete and submit a Leave Request Form (to use banked units) is the end of the first week of classes in the semester prior to the leave.
Unit Banking - Leave Request Form

SECTION 1: LEAVE REQUEST  (To be Completed by Employee)

Employee Name: ____________________________  
Dept: ____________________  Division: ________________

Semester of Leave: ____________________________

Deadline to complete and submit a Leave Request Form (to use banked units) is the end of the first week of classes in the semester prior to the leave. Define preparations necessary to ensure proper functioning of educational program in faculty’s absence. (In the case of a cancelled class, banked units may be used to complete a contract and the above deadline does not apply. If this is your request, please indicate this in writing below.)

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Employee Signature: ____________________________  Date: ____________

SECTION 2: LEAVE APPROVAL  (To be Completed by Division Dean)

Explanation of any denial will be provided in writing to the employee.

Program Impact: ____________________________

Proposed Alternative Coverage: ____________________________

Current Status of Adjunct Pool: ____________________________

Division Dean:

Approval  ___  Denial  ___  Signature: ____________________________  Date: ____________

Division Dean:

(If faculty works in more than one division)

Approval  ___  Denial  ___  Signature: ____________________________  Date: ____________

Vice President, Instruction:

Approval  ___  Denial  ___  Signature: ____________________________  Date: ____________