

Faculty Policy - Personal Leave for Full-Time Faculty

Policy:

Full-time faculty employed at Bismarck State College may be granted personal leave with pay. Each faculty member is granted up to three days of personal leave per Academic Year (AY). After ten years of completed FT service, the faculty member will be granted up to five days of personal leave per AY.

Use of Personal Leave:

1. Personal leave is a privilege granted at the discretion of the College and is not a benefit considered to be earned/accumulated.
2. Personal leave is intended to give a faculty member time off to attend to personal affairs.

Restrictions on Use of Personal Leave:

1. Personal leave shall not be granted:
 - a. during a time when the presence of a particular faculty member is required for College functions or in the best interest of the College, as determined by the Department Chair.

Procedure:

1. A request for personal leave should be made well in advance of the date of absence.
2. The faculty member must complete a "Request for Faculty Leave" form and submit to their Department Chair, who will forward to appropriate Academic Dean for approval.
3. The faculty member shall arrange for class coverage during the personal leave days, with such coverage to be approved in advance by the Department Chair.
4. The Department Chairs will document this leave by keeping a written record on file.

Penalties:

Faculty who are absent from work without permission will receive a written reprimand by the Department Chair and the appropriate Academic Dean and may not be eligible for the next salary increase.

History of This Policy:

First policy drafted on December 7, 1981. Revisions - December 7, 1981; April 25, 1985; December 8, 1988; January 19, 1990; July 21, 1994; June 22, 1995; August 12, 1997; January 15, 1998; December 1, 2006; August 31, 2007; October 20, 2009; March 6, 2014; approved by the Faculty Senate on March 2, 2017, reviewed by the Operations Council on April 12, 2017 and

approved by the Executive Council on May 2, 2017.

REQUEST FOR FACULTY LEAVE

Name:

Date:

Employee ID#:

Department:

Work Phone:

Date(s) Leave Requested:

If not requesting full day(s), please explain:

Reason or explanation of leave (i.e., personal leave, leave without pay, or other leave):

Classes/duties missed and arrangements (if applicable):

Employee Signature

Department Chair Signature

Academic Dean Signature

Note: This form will be kept by the Department Chair as a written record of the leave.