

**Maricopa Community College District**  
**Short-Term Compassionate Leave Request Application**

**Short-Term Compassionate Leave** is sick or vacation hours voluntarily donated by an employee to supplement lost wages due to illness caused by a disease outbreak.

An employee requesting Short-Term Compassionate Leave must:

- be in an active regular, non-supplemental assignment receiving a paycheck
- be covered by a policy manual and be Governing Board approved
- have, or have a family member with, an illness caused by a disease outbreak
- have exhausted all sick leave, compensatory time, vacation and banked vacation
- submit completed form to the **District Compensation Department,**  
**Attn: Compassionate Leave Coordinator, Confidential**

**Employee Section:**

Employee's Name: \_\_\_\_\_ Policy Group: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Location: \_\_\_\_\_

Family Member's Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_  
(If request is based on family member's illness)

Requested Start Date of Short-Term Compassionate Leave: \_\_\_\_\_ End Date: \_\_\_\_\_

I certify that all of the above information is correct to the best of my knowledge. I give permission to the Compassionate Leave Coordinator to review any information submitted with this application. I understand that I will be notified as to the status of my request by the Compassionate Leave Coordinator within five working days after a decision has been made.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_