



**PAID EDUCATIONAL LEAVE
Maricopa Community College District**

Application

Please Print or Type

Last Name:		First:	MI:	Employee ID#:
College:	Department:		Work Phone #:	
Supervisor's Name:		Title:		
VP/Dept. Head Name:		Title:		

Your Position Title:	Grade:	Step:
Date You Began Full-Time Employment with Maricopa Colleges: ____/____/____		

Home Address:	City:	Zip:
Home Telephone:		

Employee Classification:
(Check One) 12 Month
 10 Month
 9 1/2 Month
 9 Month

Leave Requested for:
(Check All that Apply)
 Fall
 Spring
 Summer I & II

Beginning Date of Classes: ____/____/____
Requested Beginning Date of Your Leave: ____/____/____
Ending Date of Classes: ____/____/____
Requested Ending Date of Your Leave: ____/____/____

Degree Program Being Pursued: BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> PhD/EdD <input type="checkbox"/> Other: _____			
Program of Study:			
University/Institution:			
Address:			
Total Credit Hours Earned to Date:		Grade Point Average:	

A paid educational leave may be granted to an employee subject to the following guidelines:

- B.3.1.** The applicant must be a regular PS full-time employee with a minimum of six (6) years or 12,500 hours of consecutive service with the District as a regular Governing Board approved employee at the time the leave would begin.
- B.3.2.** An educational leave may be granted for up to, but will not exceed, one (1) fiscal year. The leave may be granted for any combination of months during the same fiscal year.
- B.3.3.** The employee will be required to provide evidence that he/she has accumulated sufficient college credits to complete a Bachelor's, Master's, or Doctoral degree from a regionally accredited institution of higher education while on educational leave. All evidence of said credit will be submitted to the appropriate College President/Vice Chancellor.
- B.3.4.** Degrees pursued while on educational leave must be career oriented or job related.
- B.3.5.** Any employee granted educational leave will be required to sign a bond with the District agreeing to work twice the amount of leave time granted.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE

Applicant's Signature

Date

FOR COMMITTEE USE ONLY

Date Application Received by unit PEL Representative: _____ Time: ____ a.m. p.m.

Representative's Signature: _____