

Child Involvement Leave Request Form

James Sprunt Community College annual full-time permanent employees shall be granted eight hours (prorated for part-time permanent employees) of paid child involvement leave on July 1st of each year. The child involvement leave is for the purpose of involvement in the education of youth and to promote employees assistance to schools. The eight hours of leave is credited to each employee, regardless of the number of children or the parental status of the employee.

New employees will be credited with the full eight hours of leave immediately upon their employment. Employees who transfer to other state agencies shall be entitled to transfer any balance of the unused eight hours of leave to the new state agencies. Leave not taken in a fiscal year will be forfeited; it will not be carried over into the next fiscal year. Employees will not be entitled to payment for this leave upon separation from the College.

PURPOSE OF LEAVE REQUEST

Employees make take pre-approved leave (in half hour increments) to:

- _ A. Meet with a teacher or administrator of any elementary school, middle school, high school, or child care program authorized to operate under the laws of the State of North Carolina concerning the employee's children, step-children, or children over whom the employee has custody.
- _ B. Attend any function sponsored by the school or child care program as defined above in which the children, step-children, or children over whom the employee has custody are participating.
- _ C. Perform, by any employee without regard to parental status, school approved volunteer work approved by a teacher, school administrator, or program administrator.

APPROVAL OF LEAVE

Each request for leave must be approved in advance. Failure to secure advance approval may result in the request being denied. The employee must obtain his/her Supervisor's approval/signature prior to taking leave. The employee must obtain a public school representative's signature at the time leave is taken.

SUPERVISOR'S RESPONSIBILITIES

1. To ensure that this policy is administered uniformly and consistently.
2. To ensure that leave is taken within the purpose and intent of this policy.
3. To account for time taken by employees under this policy.
4. To maintain accurate monthly leave records.

Supervisors: Please keep a copy of this completed form for your records. The original should be stapled to the white copy of the employee's monthly leave record. The Director of Human Resources will keep the form in the individual's personnel folder.

Name _____ Date _____

Date of request: _____ Beginning Time _____ Ending Time _____ Total time _____
Purpose of Request: A B C
Child's Name: _____
School/Facility: _____
Child's Relationship to Employee: _____

Signatures Required:

Supervisor: _____ Date: _____
Public School Representative: _____ Title: _____

