

South Bay Union School District

Secretary _____ / _____
Payroll _____ / _____
Leave Trk _____ / _____

CERTIFICATED EMPLOYEE REQUEST FOR LEAVE FORM

Name: _____ School: _____

A. Leaves (check one): for details see Article 28 of CTA Agreement

LEAVE TYPE	INFORMATION NEEDED:
<input type="checkbox"/> Illness / Injury Leave (28.2) – includes Dr. appts.	
<input type="checkbox"/> Family Medical Leave (28.3)	
<input type="checkbox"/> Parental Leave (28.4) – Unpaid leave up to 21 mo.	
<input type="checkbox"/> Adoption / Birth Leave (28.4.4) – 1 day paid leave	
<input type="checkbox"/> Bereavement Leave (28.5) – Up to 5 days	Relationship: _____
<input type="checkbox"/> Jury Duty / Witness Leave (28.6)	Attach Jury Summons or Subpoena
<input type="checkbox"/> Industrial Accident / Illness (28.7) – up to 100 days	Case No: _____
<input type="checkbox"/> Sabbatical Leave (28.8) – up to one (1) year	Board Approval Date: _____
<input type="checkbox"/> Unpaid / Personal Leave Without Pay (28.9)	
<input type="checkbox"/> Disability Applicant Leave (28.11)	Case No: _____
<input type="checkbox"/> Professional Growth (28.12) – up to 1 day / year	Attach approved application
<input type="checkbox"/> Association Leave (28.13) – up to 21 days / year	Attach notification 2 days prior
<input type="checkbox"/> Bargaining	
<input type="checkbox"/> Release from assigned duty (to attend workshop, conference, or other District duties)	Workshop: _____
<input type="checkbox"/> Catastrophic Sick Leave (28.14)	Attach request

B. Personal Leaves:

- Personal Leave With Pay (28.10.1) – Discretionary (a.k.a. “No Tell”) up to 3 days / year
- Personal Necessity Leave (28.10.2) – Refer to contract for definition. Up to 10 days / year

_____ I certify that this leave request complies with the requirements of Article 28.10.2 (initial)

Day (Circle): M T W
 Th F Date: _____ No. of Hours: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

- Approved as submitted Approved with changes Not Approved

If this leave is denied, do you wish a copy of this request forwarded to the Bargaining Chair? Yes No