

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

South Bay Union School District

CLASSIFIED EMPLOYEE LEAVE REQUEST

Name: _____

School: _____

Position: _____

Reason for Leave Request (check one): *for details see Article 12 of CSEA agreement*

- | | | |
|--|--|---|
| <input type="checkbox"/> Illness / Injury (SL) – one hr increments | <input type="checkbox"/> District Duty (CW) | <input type="checkbox"/> Bereavement (B3/B5) |
| <input type="checkbox"/> Personal Medical Appt (SL) – one hr increm. | <input type="checkbox"/> Association Duty (CSEA) (BU) | <input type="checkbox"/> Military |
| <input type="checkbox"/> Personal Necessity(PN)– complete reason below | <input type="checkbox"/> Jury Duty/Subpoena Witness (JD) | <input type="checkbox"/> Adoption/Birth |
| <input type="checkbox"/> Care for sick family (SF) – one hr increment | <input type="checkbox"/> Industrial Accident/Illness (WC/WX) | <input type="checkbox"/> Vacation (VA) –full-time |
| <input type="checkbox"/> No Tell (NT) - available after 2 yrs of employment | <input type="checkbox"/> Comp Time (CU) - if available | <input type="checkbox"/> UNPAID (UP) |

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

Reason: _____

Employee Signature: _____ Date: _____

If this leave is denied, do you wish a copy of this request forwarded to the Bargaining Chair?

- Yes No

Supervisor Review (check all that apply):

- I have/have not discussed this request with employee.
- A substitute can/cannot be obtained if leave is approved.
- A substitute is not necessary to cover absence as presented.
- Immediate Supervisor notified _____ (Supervisor's initials)

Supervisor Signature: _____ Date: _____

Superintendent Approval:

- Approved as submitted Not Approved
- Approved with changes

Remarks: _____

Superintendent Signature: _____ Date: _____

Attachments: (i.e., subpoena, jury summons, etc.)

White: District Office Yellow: School Office Pink: Employee