



CLASSIFIED EMPLOYEE LEAVE REQUEST
(CLASSIFIED, CLASSIFIED MANAGEMENT, CONFIDENTIAL)

Employee Name: _____ Classified Management Confidential

Employee ID Number: _____ Work Location: _____

Leave Type Requested

The following leave types require site level approval only - *To be filed at site level only*

Date/s Requested: From _____ To _____ Total Days/Hours: _____

Jury Duty (Attach Copy of Summons, Information Only)
Attach Jury Attendance Certification to attendance sheets

Negotiations (Informational Only)

Vacation (Requires site Administrator approval)
Cannot be used within the first 6 months of employment per Ed Code.

District Level Leave Request

The following leave types must be approved by Human Resources prior to leave being taken except in cases of emergency

[Reference: CSEA Contract Language, Article 15](#)

Date/s Requested: From _____ To _____ Total Days/Hours: _____

Personal Necessity - Leave of up to 8 days annually, 5 of which can be used as Personal Discretion

Accident or Illness involving an employee's person or property or the person or property of his/her immediate family - Explain: _____

Extension of bereavement leave

Court Appearance as a litigant or witness (attach copy of subpoena)

Personal Discretion - No reason required

Bereavement - Leave of up to 3 days or up to 5 days if one-way travel is in excess of 250 miles or out-of-state travel is required for death in the immediate family. (Refer to Section 15.1 of Article 15 for definition of immediate family)

Relationship of deceased: _____ Travel destination: _____
City/State

FMLA - (please contact Mayra Chavez, ext 80302 in Human Resources)

Pregnancy

Family Member Illness

Military Leave (must attach leave orders)

Signatures/Approvals

Employee Signature: _____ Date: _____

Site Administrator: _____ Date: _____ Approved Denied
SIGNATURE REQUIRED

If denied, please indicate reason: _____

Personnel Designee: _____ Date: _____ Approved Denied
SIGNATURE REQUIRED

If denied, please indicate reason: _____