



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: \_\_\_\_\_