



CERTIFICATED EMPLOYEE LEAVE REQUEST
(CERTIFICATED, CERTIFICATED MANAGEMENT)

Employee Name: \_\_\_\_\_ [ ] Certificated [ ] Certificated Management
Employee ID Number: \_\_\_\_\_ Work Location: \_\_\_\_\_

Leave Type Requested

The following leave types will only be informational for the site and will not require approval

Date/s Requested: From \_\_\_\_\_ To \_\_\_\_\_ Total Days/Hours: \_\_\_\_\_

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

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: PSEA Contract Language, Article X

Date/s Requested: From \_\_\_\_\_ To \_\_\_\_\_ Total Days/Hours: \_\_\_\_\_

[ ] Personal Necessity - Leave of up to 5 days annually
[ ] Serious Illness of employee or employee's immediate family - Explain: \_\_\_\_\_
[ ] Accident of employee or employee's immediate family - Explain: \_\_\_\_\_
[ ] Extension of bereavement leave or attend funeral of relative
[ ] Court Appearance as a litigant or witness (attach copy of subpoena)

[ ] Personal Discretion - No reason required. Leave of up to 5 days annually.

[ ] Bereavement - Leave of up to 3 days or up to 5 days if out-of-state travel is required for death of employee's "immediate family" or person living in the immediate household.

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: \_\_\_\_\_