



CERTIFICATED EMPLOYEE LEAVE REQUEST

(CERTIFICATED, CERTIFICATED MANAGEMENT)

Employee Name: _____

Certificated Certificated Management

Employee ID Number: _____

Work Location: _____

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)
Attach Jury Attendance Certification to attendance sheets

Negotiations (Informational Only)

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 8 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 2 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

Pregnancy Leave/FMLA/CFRA - 30 day advance notice is required for foreseeable events

Military Leave

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: _____