

Personnel Leave Request Form

Employee Type (Check One): Classified Certificated R.O.P. Certificated Management Other

Employee Name	Social Security Number	Program	Date Submitted

(Please tell us where you can be reached during your leave)

ADDRESS: _____ **PHONE NUMBER:** (____) _____

CITY: _____ **STATE:** _____ **ZIP:** _____

REQUEST FOR LEAVE FROM: _____ **To:** _____ **In Increments of** _____

Personal Necessity Leave (Indicate Reason Per Your Unit Contract): _____

Personal Business Leave (2-Days, Certificated Only – Deducted from PN)

Jury Duty/Witness—Attach jury room service slip (refer to your unit agreement for information).

Sick Leave (5 Days or More)—Provide us with a physician’s note estimating the date on which you will be released to return to work.

Unpaid Disability Leave—Please provide a copy of a physician’s note at the beginning of your leave and every additional month thereafter. A medical release to return to work is also required.

Unpaid Leave—Reason: _____

Family Medical Leave—Relationship to the Employee: _____
 I am requesting access to the following during my leave:
 Vacation Time (Classified Only) and/or Authorized Personal Necessity and/or Unpaid Leave.
 A copy of your physician’s note is required at the beginning of your leave and every additional month thereafter.

Bereavement Leave (5-Days, Certificated/3-Days Classified)—Relationship to the Employee: _____
 Request is for additional days because I am traveling beyond a 250 mile radius. Yes No

Sabbatical Leave (Certificated Only)—I have requested paid leave: Yes No
 Please file an application with the Sabbatical Leave Committee.

Industrial Illness and Accident Leave—Worker’s Compensation Form Filed: Yes No
 Qualified Injured Worker’s Report Received: Yes No (A medical release to return to work is required)

Military Leave—Please attach orders.

Other Leave—Please specify: _____

Required Signatures

I certify that this leave is in accordance with my Unit Agreement

1. Program Supervisor/Date

2. Division Assistant Superintendent/Date

Employee’s Signature/Date

3. Associate Superintendent, Student & Personnel Services/Date

Personnel Use Only

HR Assistant’s Initials: _____ **Date Received:** _____ **Date Distributed:** _____

HR Director’s Initials: _____ **Date:** _____

Actual Date Employee Returned From Leave: _____ **Release to Return to Work Form Received:** Yes No N/A

Payroll Verification Sent Full Release Modified Duty ADA Reasonable Accommodation Not Approved for Return to Work Status