



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

Employee Name: _____

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)

[] Vacation (Requires site Supervisor approval)

Cannot be used within the first 6 months of employment per Ed Code.

[] 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

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

[] Personal Necessity - Leave of up to 10 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:

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

[] Extension of bereavement leave

[] Other - Explain: _____

[] Bereavement - Leave of up to 3 days or up to 5 when out-of-state travel or in state travel, north San Luis Obispo, Kern, or San Bernardino Counties is required for death in the immediate family. (Refer to Section 16.1 of Article 16 for definition of immediate family)

Relationship of deceased: _____ Travel destination: _____

City/State

[] FMLA/CFRA - (please contact Brenda Arenas, ext. 80304 in Human Resources prior to use)

[] 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: _____