



## 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*

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

☐ Personal Days - Leave of up to 10 days annually

☐ Death or serious illness of a member of the unit members' immediate family as defined in Bereavement Leave below, or attending the funeral of a relative.

☐ Accident involving the unit member's person or property, or the person or property of a unit member's immediate family.

☐ Other matters which are serious in nature, involve circumstances the unit member cannot reasonable ignore

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

☐ Bereavement – Leave of up to 3 days or up to 5 days if out-of-state travel or instate travel beyond San Luis Obispo, Kern, Or San Bernardino Counties 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 Brenda Arenas, ext 80304 in Human Resources)

☐ Military Leave (must attach leave orders)

☐ Pregnancy

☐ Family Member Illness

### 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: \_\_\_\_\_