

## LEAVE REQUEST

Employee Name	Site/Dept
Date(s) of Leave Requested	Telephone #

**REQUEST FOR PERSONAL NECESSITY**

Whenever possible, advance notification of any personal necessity leave requested under this section shall be given at least twenty-four (24) hours in advance. For the specific description and criteria, please refer to your bargaining unit contract. Personal necessity leave cannot be used to extend any vacation or holiday period or be used for recreational purposes.

**Reason for Request:**

**REQUEST FOR PAID LEAVE OF ABSENCE**

Please check the type of leave you are requesting. For the specific description and criteria, please refer to your bargaining unit contract.

\* Supplemental or Extended Sick Leave.

\* Maternity Leave.

\* Paid Leave Other. **Please describe and attach documentation as needed.**

**REQUEST FOR UNPAID LEAVE OF ABSENCE**

Please check the type of leave you are requesting. For the specific description and criteria, please refer to your bargaining unit contract. Please consider that unpaid leave days **may** affect your PERS or STRS earnings/retirement.

\* Unpaid family/medical leave in order to care for an immediate family member if such family member has a serious health condition. Relationship: \_\_\_\_\_

\* Unpaid sick leave. I have exhausted all paid leave options and my own serious health condition prevents me from performing the functions of my position. (You may also request Catastrophic Leave donations ~ see your bargaining unit contract or contact the Personnel Office for more information).

Unpaid family leave for birth of a child, care of a child after birth, or adoption.

Unpaid Leave Other. **Please describe and attach documentation as needed.**

Employee Signature and Date

Supervisor Signature and Date

Leave Recommended

Leave Not recommended\*\*

Personnel Signature and Date

Approval of \_\_\_\_\_ days/hours to be deducted from sick leave for personal necessity.

Request will be placed on the \_\_\_\_\_ board agenda.

Other \_\_\_\_\_

**\*Attach Medical Verification    \*\*Provide explanation**  
**Submit all three copies to your supervisor.**

**Personnel Use Only:**

Board Agenda Date \_\_\_\_\_

Approved     Denied