



Certificated Request for Leave

Name of Employee (please print) _____ ID Number _____

Job Title of Employee _____ Location _____

DATES REQUESTED: From: _____ to _____ For: _____
date date how many
Periods
Days (check one)

REASON FOR REQUEST

Illness/Personal Necessity:

Bereavement: Relation: _____ Location: _____

**Conference/District Business/
Union Business:** _____

Jury Duty (Include summons/timesheet)

Leave Without Pay

New Child Leave (12 days using accumulated sick leave and/or differential)

Other: (when checking this, your salary may be docked; you should talk with your immediate supervisor before submitting)

Purpose: _____

Principal Signature Date

NOTE: *The following leaves require prior notification to the Department of Human Resources. Please call Human Resources at (925) 280-3900 x-6622 to make an appointment.*

- Family Medical Leave Act (FMLA)
- Maternity Leave
- On-the-Job Injury/Workers' Compensation
- Use up to 12 days New Child leave
- Personal Leave (attach letter)
- Save 2 days sick leave

Associate Superintendent Signature Date

Employee Signature Date Associate Superintendent's Signature Date