



CLASSIFIED REQUEST FOR LEAVE

Name of Employee (please print)

Employee Number

Job Title of Employee

Location

DATES REQUESTED:

From _____ to _____
date date

For: _____
how many

Days
Hours

REASON FOR REQUEST

Vacation

Illness, Medical/Dental Appointment

Personal Necessity: Give reason as specified in SEIU Contract.

Reason: _____

Bereavement: Relation: _____ Location: _____

Jury Duty (Include summons/timesheet)

Leave Without Pay

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

Purpose: _____

Director, Human Resources Signature

Date

NOTE: *The following leaves require prior notification to the Department of Human Resources. Please call Human Resources at (925) 280-3900 x6623 to make an appointment.*

Family Medical Leave Act (FMLA)

Maternity Leave

On-the-Job Injury/Workers' Compensation

Personal Leave (attach letter)

Director, Human Resources Signature

Date

Employee Signature

Date

Supervisor's Signature

Date