

SUMMERVILLE UNION HIGH SCHOOL DISTRICT LEAVE FORM



Absence Request

Verification of Absence

Name: _____ School or Site: _____

Date(s) Absent: _____ Total Number of Days: _____ or hours _____ or periods _____
IF less than 1 full day enter hours/periods

Substitute Requested: Yes _____ No _____ Preferred Sub: _____

Substitute Hired:	1	2	3	4
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REASON(S) CHECK ONE

BEREAVEMENT - Immediate Family (see contract)
 Relationship _____
Certificated: Three (3) days if travel is less than 300 miles, Four (4) days if travel is between 300 -399 miles, or Five (5) days if travel exceeds 400 miles
Classified: Three (3) days or Five (5) days if travel exceeds 400 miles or more away or if out of state travel is required

COMP TIME

JURY DUTY or Witness Leave
(per Ed Code 44036)

MILITARY LEAVE

VACATION

WORKERS COMPENSATION
 Industrial Illness or Injury
 Call Company Nurse 1-877-223-9311

ILLNESS
 Self _____
 Family Member -see contract
 Relationship _____

PERSONAL NECESSITY
Certificated: Max 10 days/year to be deducted from Sick Leave
Classified: Max 7 days/year to be deducted from Sick Leave

No advanced noticed required:
 Accident Involving Personal Property (or a person or property of immediate family)

Advanced notice required:

Bereavement -Not Immediate Family
 Relationship _____

Court Appearance

FOR THESE LEAVES PROVIDE ADDITIONAL EXPLANATION

NON-PAID LEAVE

SCHOOL BUSINESS

PERSONAL NECESSITY EXCEEDING LIMIT
APPROVED BY SUPERINTENDENT

ADDITIONAL EXPLANATION:

If requesting a leave, submit completed leave form to supervisor for pre-approval. Supervisor will return approved leave form to employee. After the absence has occurred, employee also checks "Verification of Absence" and routes approved form to District Payroll Office.

If verifying a leave, please complete the form by checking Verification of Absence, indicating what type of leave was taken and how much time was used, sign, date the form and route to supervisor. Upon approval, supervisor will sign and route approved form to District Payroll Office.

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____