



**LEAVE REQUEST FORM**

Name: \_\_\_\_\_ School/Site: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_  
(Use a separate form for each month)

Total # of Days: \_\_\_\_\_ or # of Hours: \_\_\_\_\_ or Which Periods: \_\_\_\_\_  
(If less than a full day enter hours/periods, include all time you are off site including prep periods)

Substitute Requested:  yes  no Preferred Sub: \_\_\_\_\_

Needed for full day  or indicate periods needed \_\_\_\_\_

**Type of Leave (reason):**

Sick Leave  Vacation

Military  Comp

Workers Comp Call Company Nurse 1-877-223-9311

School Business Reason: \_\_\_\_\_

Bereavement Relationship: \_\_\_\_\_ Travel Required  yes  no # of miles \_\_\_\_\_

Jury Duty/Witness/Court Appearance (Attach copy of Jury Summons/verification of Jury Service)  
Ed Code 44036 and Board Policy  
 (Certificated Staff should request postponement outside school year. All staff will be deducted for any court compensation, which starts on day 2.)

Personal Necessity Reason: \_\_\_\_\_  
Certificated staff Max 10 days/year deducted from sick leave package.  
 Classified staff Max 7 days/year deducted from sick leave package.  
 (If above maximum PN may be approved by Superintendent)

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Please route to sub caller if sub requested.

TO BE COMPLETED BY SUB CALLER:

Substitute Hired:  
 10/9 \_\_\_\_\_ 1/5 \_\_\_\_\_ 2/6 \_\_\_\_\_ 3/7 \_\_\_\_\_ 4/8 \_\_\_\_\_