

**SUMMERVILLE UNION HIGH SCHOOL  
DISTRICT LEAVE FORM**

**Absence Request**

**Verification of Absence**

Name: \_\_\_\_\_

School or Site: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

Total Number of Days: \_\_\_ equals \_\_\_ hours \_\_\_ periods

IF Less than one full day, enter: \_\_\_ hours \_\_\_ periods

**REASON(S) (please 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 and 399 miles, or, Five (5) days if travel exceeds 400 miles

Classified: Three (3) days or Five (5) days if distance to be traveled is 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 on Call 1-877-223-9311

**ILLNESS - Includes medical, dental, vision appointments**

**Self**

**Family Member - see contract**  
Relationship \_\_\_\_\_

**PERSONAL NECESSITY LEAVE**

Certificated Maximum 10 days/year to be deducted from Sick Leave

Classified Maximum 7 days/year to be deducted from Sick Leave

**No advance notice required:**

**Accident Involving Personal Property**  
(or a person or property of immediate family)

**Advance Notice Required:**

**Bereavement - Not Immediate Family**  
Relationship \_\_\_\_\_

**Court Appearance (as a litigant or party)**

Please describe in Additional Explanation box below.

**Non-paid Leave**

**School Business**

**Additional Explanation:**

**Personal Business Exceeding Limit  
Approved by Superintendent**

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, sign and 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 Approval \_\_\_\_\_

DATE \_\_\_\_\_