

LEAVE VERIFICATION

Name: _____

Site: _____

TYPE OF LEAVE

CLASSIFIED (CSEA Contract)

Date(s): _____

Number of Hours: _____

- Annual** (15.3)
requires supervisor's prior approval
- Association Release Time** (5.2)
- Bereavement** (12.1)
- Compensatory** (9.10)
requires supervisor's prior approval
- Industrial Accident and Illness** (12.8)
- Judicial/Official Appearances** (12.3)
- Jury Duty** (12.2)
- Leave Without Pay** (12.12)
requires superintendent's/designee prior approval
- Long-Term Sick Leave** (12.9)
- Maternity** (12.6) **Paternity** (12.7)
- Military** (12.4)
- Modified Work**
- Negotiations**
- Personal Necessity** (12.10)
check reason below
- School Business** work related
requires supervisor's prior approval
- Sick Leave** (12.5)

CERTIFICATED (SCEA Contract)

Date(s): _____

Number of Days or Hours: _____

- Association Business** (12.17)
- Bereavement** (12.5)
- Elective Office** (12.6)
- Extended Illness Leave** (12.3)
- Industrial Accident and Illness** (12.9)
- Jury Duty** (12.7)
- Leave of Absence with Pay for Study** (12.15)
- Leave Without Pay** (12.18)
requires superintendent's/designee prior approval
- Military** (12.8)
- Maternity** (12.11) **Paternity** (12.13)
- Modified Work**
- Personal Necessity** (12.4)
check reason below
- Pregnancy Disability** (12.11)
- Professional** work related (12.16)
requires supervisor's prior approval
- Sick Leave** (12.2)

BUS DRIVERS (IAMAW Contract)

Date(s): _____

Number of Hours: _____

- Annual** (15.3)
requires supervisor's prior approval
- Association Release Time** (5.2)
- Bereavement** (11.1)
- Compensatory** (9.10)
requires supervisor's prior approval
- Industrial Accident and Illness** (11.8)
- Judicial/Official Appearances** (11.3)
- Jury Duty** (11.2)
- Leave Without Pay** (11.11)
requires superintendent's/designee prior approval
- Long-Term Sick Leave** (11.9)
- Maternity** (11.6) **Paternity** (11.7)
- Military** (11.4)
- Modified Work**
- Negotiations**
- Personal Necessity** (11.10)
check reason below
- School Business** work related
requires supervisor's prior approval
- Sick Leave** (11.5)

PERSONAL NECESSITY JUSTIFICATION

Since you elected to use personal necessity leave, please indicate below the reason for use as per your contract. Remember, personal necessity is deducted from sick leave. Classified and certificated employees may use up to two (2) days personal business without justification (**will be deducted from personal necessity/sick leave**). "Other" denotes business that cannot be handled during other than regular work hours (please state reason).

- Accident of employee or immediate family member** (12.10.1b)
- Appearance in court** (12.10.1c)
- Death of family member** (12.10.1a)
- Emergency** (12.10.4)
- Personal business** (12.10.3)
- Religious holiday** (12.10.1f)
- Serious illness of family member**
May include M.D. appointment for dependent children (12.10.1d)
- Other (specify reason)** (12.10.1e):

- Accident of employee or immediate family member** (12.4.1b)
- Appearance in court** (12.4.1c)
- Death of family member** (12.4.1a)
- Personal business** (12.4.1e)
- Religious observance** (12.4.1f)
- Personal emergency** (12.4.1d)
- Other (specify reason):** _____

- Accident of employee or immediate family member** (11.10.1b)
- Appearance in court** (11.10.1c)
- Death of family member** (11.10.1a)
- Personal business** (11.10.1e)
- Religious holiday** (11.10.1f)
- Serious illness of family member**
May include M.D. appointment for dependent children (11.10.1d)
- Other (specify reason):** _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

----- SUBSTITUTE VOUCHER

Name of Substitute: _____

Date(s): _____

Site: _____

Number of Hours: _____

Budget Code: _____