

TRACY UNIFIED SCHOOL DISTRICT
NOTICE OR REQUEST FOR CERTIFICATED LEAVE

Name: _____ ID# _____ Today's Date: _____

Work Location: _____ Date(s) of Leave _____

NOTE: In all instances the teacher is responsible to **REQUEST** or **CANCEL** the substitute.
Unless stated otherwise, notice/request shall be submitted 72 hours in advance except in cases of emergency.

To Be Completed by the Teacher

I am **NOTIFYING** the District that I need to be absent on the above date(s) for the following reason:

Personal Necessity Leave. (Sick leave deduction-10 days max) Check reason.

- Death or serious illness of immediate family.
- Accident involving person or property of employee or immediate family.
- Religious observances for recognized and established Holy days.
- Legal Meetings/Apearances in Court of Law (Not brought on through connivance or misconduct of unit member.)
- Urgent personal family business which necessitates unit member's immediate attention during normal business working hours.
- Attendance at funeral of close personal friend.
- Urgent & Compelling reasons of Personal Business

Maternity Leave (Deduction from sick leave ATTACH Doctor's note) 30-day prior notice.

Paternity/Adoption Leave (Deduction from sick leave) 30-day prior notice.

Bereavement Leave (No Deduction – Max. 3-5 days depending on travel miles.)

Relationship to Employee _____
Location of Services _____

Personal Necessity Leave (No deduction from Sick Leave) – Check reason

Testify in Court of Behalf of District Testify in Court on Behalf of Child

Jury Duty Leave (No deduction in pay. Submit check received for juror's fees to District.)

Military Leave (Attach copy of official orders.)

OR

I request **PERMISSION** to be absent on the above date(s) for the following reason:

Personal Necessity Leave LIST REASON:

Labor Code 233 (Sick Leave Deduction) Reason _____

Additional Personal Necessity Days (Sick Leave Deduction) – Check reason

- Death or serious illness of immediate family.
- Accident involving person or property of employee or immediate family.

Non-Paid Leave Daily absence for Personal Business not allowed as a charge to sick leave.

LIST REASON _____

Unpaid Leave of Absence (Up to 12 months) Attach a separate sheet with detailed reasons and duration of requested leave. **Needs Board Approval.**

DO NOT use this form for Sick Leave. Notify Supervisor and follow procedures established at each Site and/or in Master Agreement.

EMPLOYEE'S SIGNATURE: _____ Date: _____

Principal's/Supervisor's Recommendation: None Required Recommended Not recommended

PRINCIPAL/SUPERVISOR'S SIGNATURE _____ Date: _____

Asst. Supt/Human Resources' Approval None Required Approved Not Approved

ASST. SUPT'S SIGNATURE _____ Date: _____

DISTRIBUTION: Payroll Employee Supervisor Human Resources Revised 12/10/07