

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/Appearances 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