☐ Certificated

☐ Classified

Desert Sands Unified School District
EMPLOYEE LEAVE REQUEST OR REPORT OF ABSENCE

Use this form to request leave or to report an absence. **All leaves require advance approval**. Please familiarize yourself with the leave policies so that you will know their provisions before you are absent. If you have any questions, please contact Personnel Services. For leave under the Family and Medical Leave Act or California Family Rights Act, complete Form (25)-79A.

NAME:_____ WORK SITE: _____

DATE(S) OF ABSENCE: FROM _____ TO _____

NUMBER OF FULL WORK <u>DAYS</u> ABSENT: _____   OR

IF <u>PARTIAL DAY</u>, NUMBER OF WORK <u>HOURS</u> ABSENT: _____   FROM: _____   TO: _____

SECTION I – SUBMIT WITH MONTHLY ATTENDANCE

✓ **(Check appropriate box(es) and if applicable, provide explanation and documentation.)**

☐ **Bereavement** (Complete relationship and residence section below; refer to Contract Language for guidelines.)

     Relationship of Deceased:_____

     Residence of Deceased: _____

☐ **Personal Time Off Without Compensation** (Under Remarks explain; 10 days or more requires a Personnel Action Form.)

☐ **Personal Necessity Leave** (✓ Check reason below; cannot be used to extend a holiday.)

     ❑ Death or Serious Illness of member of the employee's immediate family.
     Explain:_____

     ❑ Accident involving employee's person or property, or the person or property of the employee's immediate family.

     ❑ Imminent danger or threat of danger to the home of employee.

     ❑ Delay in returning to work because of unavoidable circumstances (e.g. flood, storm, vehicle breakdown).

     Explain:_____

     ❑ No Reason (refer to Contract Language for guidelines)

SECTION II – RETAIN AT WORK SITE

☐ **Industrial Accident Leave** (Under Remarks, give date accident report was filed with the District.)

☐ **Jury Duty or Judicial Leave** (Attach jury duty notice and dates of attendance verified by the clerk or other officer of the court or attach summons, if judicial leave.)

☐ **School / District Business: Not required if <u>approved Conference Request form</u> is on file.** (Under Remarks, indicate nature of training, meeting, interview panel, etc.)

☐ **Sick Leave** (Attach doctor's note, if appropriate.)

☐ **Vacation**

☐ **Other Absence** (Under Remarks, describe circumstance, i.e., pregnancy disability leave, special assignment, union business)

Remarks: _____

_____

Employee Signature:_____ Date: _____

☐ Approved   ☐ Disapproved   _____   _____
                                         Administrator/Supervisor Signature   Date

(The administrator/supervisor should check the attendance sheet to see that it coincides with this report.)