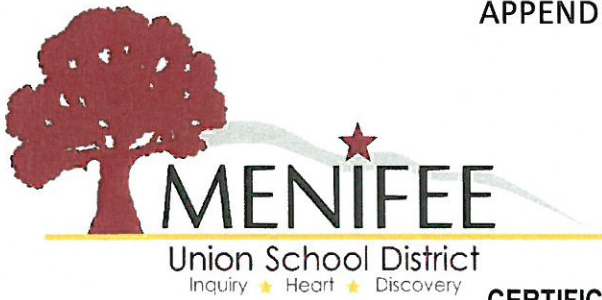


APPENDIX B - EMPLOYEE LEAVE REQUEST (1 OF 2)

**ALL ABSENCES MUST ACCOMPANY THIS FORM (9.5)**

**Complete this form as directed and submit to your Timekeeper**



It is the responsibility of the employee to submit an Employee Leave Request Form for all absences prior to the absence or upon return to work by the end of the next business day (9.4)

**CERTIFICATED EMPLOYEE LEAVE REQUEST**  
**(for unpaid absences use the Application for Unpaid Absence form)**

Name: \_\_\_\_\_ Site: \_\_\_\_\_ Year: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_ # of full work days: \_\_\_\_\_ # of half work days: \_\_\_\_\_

I understand that:

All leaves shall be taken in accordance with the leave provisions in the Certificated Contract and California Education Code. When possible, advance approval is requested in order to plan appropriately for the absence.

I hereby request leave be granted as indicated and understand it is my responsibility to submit this form upon return to work by the end of the next business day: 9.4

\_\_\_ **SICK LEAVE - choose one from below**

\_\_\_ Personal Illness

\_\_\_ Doctor/Dental Appointment

\_\_\_ Extended Illness Leave (**requires medical certification which must be provided to Health and Welfare and/or the school site**)

\_\_\_ **KIN CARE (amount available is not less than the sick leave that would be accrued in a 6 month period to attend to an ill child, parent or spouse) 9.6.1** Relationship: \_\_\_\_\_

**PERSONAL NECESSITY - Choose one from below. Not available for purposes of personal convenience, or for the extension of a holiday or vacation, or for recreational activities and will be deducted from Sick Leave (9.7.1). LIMITED TO 7 DAYS PER SCHOOL YEAR. 9.7.2**

\_\_\_ Imminent danger to home and property

\_\_\_ Extension of Bereavement Leave

\_\_\_ Death or serious illness of immediate family as defined in article 9.2\*

\_\_\_ Accident involving person or property of employee or immediate family as defined in article 9.2\*

\_\_\_ Other – (**SPECIAL CIRCUMSTANCES PRE-APPROVAL REQUIRED by Superintendent or Designee (Director of Personnel) 9.7.1**)

Explanation: \_\_\_\_\_

\_\_\_ Other – (**CONFIDENTIAL AND SENSITIVE CIRCUMSTANCES PRE-APPROVAL REQUIRED by Site Administrator) 9.7.2**

Verbal Explanation Given: Immediate Supervisor Initials \_\_\_\_\_

\_\_\_ Personal Business – **No reason need to be specified (4 day limit - NOT granted during the first two days of student attendance or on a site or District sponsored professional development day, scheduled District benchmark/state testing days, or mandatory prep day) 9.8.1**

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APPENDIX B - EMPLOYEE LEAVE REQUEST (2 OF 2)

\_\_\_\_ JURY DUTY (Jury Duty Certification required - please attach copy)

\_\_\_\_ BEREAVEMENT (limited to 5 days for immediate family pursuant to article 9.13)

preapproval if possible Relationship: \_\_\_\_\_

\_\_\_\_ STUDY LEAVE (minimum of 1 quarter and a maximum of 1 school year - 4 month notice needed)

\_\_\_\_ OTHER (FOR TIME KEEPER: Union Business send copy to Director of Personnel / School Site Business - Keep at site for your records)

Description: \_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee email address (please use the one you check frequently if you do not utilize your MUSD email account):

\_\_\_\_\_ (please print clearly)

Approved ____ Denied ____ Supervisor: _____ Date: _____
Reason: _____
Timekeeper use only:
P/N taken ____ P/B taken ____ Sick taken: ____ Aesop verified ____

**Additional information:**

- Whenever the District has the reason to believe that there may have been abuse of paid leave benefit, the Superintendent or his/her designee may require the teacher to verify the legitimacy of any request for paid leave. 9.3
- For **Family Care and Medical Leave (including Pregnancy Disability Leave)** please contact Health and Welfare Benefit Specialists.