

## Employee Short Term Leave Request Form

Name: \_\_\_\_\_ Site: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Employee ID # \_\_\_\_\_ Position \_\_\_\_\_

Pursuant with Article XII of the San Marcos CSEA Chapter 413 Master Contract, I am requesting the following leave day(s) off:

### Personal Business Leave

Request Date(s): \_\_\_\_\_

Time: \_\_\_\_\_

Total No. of Hours: \_\_\_\_\_

**Submit request at least five (5) days prior to beginning of leave.**

**Personal Business Leave may be utilized for personal reasons the unit member deems sufficiently important, without explanation.**

**You may not use more than (7) days per year of accumulated sick leave for the purpose of approved Personal Business Leave.**

### Bereavement

Request Date(s): \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Relationship: \_\_\_\_\_

Total No. of Days: \_\_\_\_\_

**All employees are eligible for up to five (5) days of Bereavement leave. Bereavement leave is for immediate family members, as defined in your Master Contract. Bereavement Leave shall be utilized within three (3) months of the date of the covered family member's death.**

### Vacation

Requested Date(s): \_\_\_\_\_

Total # of Days: \_\_\_\_\_

Total No. of Hours: \_\_\_\_\_

**An employee wishing to take a vacation day on a school day, must get prior approval.**

### Admissions Day / Birthday

Circle your selection(s) above

Requested Date(s): \_\_\_\_\_

Total No of Days: \_\_\_\_\_

**Note: Birthdays and Admissions Day can only be taken in full days, not hours.**

**Office Use Only:**    Approved    Denied   Reason for Denial: \_\_\_\_\_  
 School/Dept. Admin: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SUBMIT TO YOUR IMMEDIATE SUPERVISOR OR OFFICE MANAGER FOR APPROVAL