

Classified Employee Request for Time Off

Name: _____ Site: _____ Today's Date: _____

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

Personal Necessity

Request Date(s): _____

Time: _____

Total No. of Hours: _____

Reason for Request: _____

Submit request three (3) days prior to the beginning of leave.

Prior approval is not necessary for:

- 1) Death or serious illness of a member of the unit member's immediate family
- 2) Accident involving the unit member's person or property or the person or property of the unit member's immediate family.

You may not use more than seven (7) days per year of accumulated sick leave for purposes of approved Personal Necessity Leave.

Personal Necessity Days shall not be taken for the following reasons:

- Political activities or demonstrations
- Vacation, recreation, or social activities
- Civic or organization
- Employee association activities
- Routine personal activities
- Occupational investigation
- Work stoppage

Personal Business

Request Date(s): _____

Time: _____

Total No. of Hours: _____

Submit request at least four (4) days prior to leave.

Personal Business Days (4 days only) may be used for any purpose which the unit member deems sufficiently important, **without explanation**.

Personal Business days are used as a part of your annual Personal Necessity Days allotment.

Leave of Absence

Request Date(s): _____

Total No. of Hours: _____

Reason for Request: _____

Submit request 5 days prior to the beginning of leave that is 5 days or less. If a personal leave of absence is more than 5 days the request must be made in writing and submitted no less than 10 days prior to the next board meeting.

Personal Leave is without compensation (**unpaid**).

Other Leave Reason

Request Date(s): _____

Total No. of Days: _____

Type of Leave: _____

Vacation /Admissions Day / Birthday

Circle your selection(s) above

Request Date(s): _____

Time: _____

Total No. of Hours: _____

Office Use Only: ☐ Approved ☐ Denied Reason for Denial: _____
School/Dept. Admin: _____ Date: _____