



ALL ABSENCES MUST ACCOMPANY THIS FORM

Complete this form as directed and submit
to your Site Secretary or Time Keeper

Menifee Union School District

CLASSIFIED EMPLOYEE LEAVE REQUEST

(for unpaid absences use the *Application for Unpaid Absence* Form)

Name: _____ Employee #: _____ Site: _____ Year: _____

Date(s) of absence: _____ # of work days or hours: _____

All leaves shall be taken in accordance with the leave provisions in Articles 9 and 10 of the Classified Contract and California Education Code. When possible, **advance approval is requested** in order to plan appropriately for the absence.

____ **SICK LEAVE** - choose one from below (new employees of the district are not eligible to take more than 6 days until 6 months of active service have been completed)

____ Personal Illness

____ Doctor/Dental Appointment

____ Extended Illness Leave (requires medical certification provided to Health and Welfare and/or site)

____ **FAMILY NECESSITY LEAVE** (may use up to 50% of annual accrual of sick leave to attend to an ill child, parent or spouse)

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.)

(7 day limit per school year)

____ Imminent danger to home and property

____ Accident involving person or property of employee or immediate family

____ Appearance in court or tribunal as a litigant, party, or witness under subpoena or any order made with jurisdiction *(each date of necessary attendance other than indicated on subpoena shall be certified by clerk or authorized agent of the court)*

____ **Personal Business** – No reason needs to be specified (**2 day limit** per school year) – Only available to employees with 12 or more accrued sick leave days and not granted during the first week of student attendance)

____ **Other** – Confidential and Sensitive Circumstances (Pre-approved by Immediate Supervisor)

Verbal Explanation Given: Immediate Supervisor Initials _____

____ **VACATION** (12 Month Employees Only) – 2 week notice required with prior approval by Supervisor.

____ **JURY DUTY** (Not available for Crossing Guards/Verification of service required)

____ **BEREAVEMENT** (limited to 5 days for immediate family) Relationship: _____
(Not available for Crossing Guards/Preapproval if possible)

____ **SCHOOL SITE BUSINESS / UNION BUSINESS**

For Time Keeper: Union Business - Send copy to Secretary of Assistant Superintendent of Personnel

School Site Business – Keep copy at site for your records

Explanation: _____

Employee Signature: _____ Date: _____

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Approved ____ Denied ____ Supervisor Printed Name: _____ Supervisor Signature: _____

Date: _____ Reason for Denial: _____

Time Keeper Use Only: Available Balances (*Filled out prior to Supervisor approval*)

P/N ____ P/B ____ Sick ____ Probationary Employee ____ Aesop Verified ____

Additional Information:

- Satisfactory proof of the nature, extent, and duration of the illness, including District-procured doctor's verification, may be required for the employee in cases where his/her supervisor can articulate that the employee has violated the intent of the sick leave policy.
- If an employee has given notice of return from an absence (must be prior to 2:30pm the day before) and then determines he/she is unable, a notice of 1 hour before the employee's normal work day is to begin is to be given (through Aesop, site secretary or department).
- For Family Care and Medical Leave (Including Pregnancy Disability Leave) please contact a Health and Welfare Benefit Specialist for details and questions.