



Laytonville Unified School District

P.O. Box 868

Laytonville, CA 95454

(707) 984-6414 (707) 984-8223 fax

ABSENCE FROM WORK REQUEST OR REPORT

Name: _____ Today's Date: _____

Type of Request: (See definitions listed below)

- ☐ Sick Leave (includes doctor/dentist appointment's.)
- ☐ Personal Necessity for personal business that cannot be conducted at any other time except the school day
- ☐ Discretionary (4 days total per year, classified and certificated)
- ☐ Workshop/Conference (please explain & attach info) _____
- ☐ Jury Duty (attach copy of summons)
- ☐ Bereavement (please list family relationship) _____
- ☐ Vacation (12 month Classified only)
- ☐ Other (please explain) _____

Requested Date(s) _____ Number of Hours _____

Substitute Required: ☐ Yes ☐ No Preferred sub, if possible: _____

☐ Approved ☐ Denied

Supervisor's Signature

Date

Account code to be charged for substitute: _____

Leave Definitions:

Sick Leave: *Cert:* Earned at one day per month (10 days); accumulated year-to-year. *Clssfd:* Earned at one day per month worked (10 or 12 days); accumulated year-to-year. *Cert. & Clssfd.* unused sick leave may be credited toward retirement.

Personal Necessity: Seven (7) days maximum (**charged to sick leave**) for death, illness or emergency in immediate family; accident involving person or property; court-ordered appearance. The employee shall submit to his/her supervisor a request for personal necessity leave three (3) days in advance of the leave, if circumstances permit. Four (4) days of unused personal necessity leave may be used by the employee at his/her discretion with only the date of the leave requiring approval by the site administrator.

Jury Duty: A unit member who receives a jury summons shall submit a copy of the summons to his/her supervisor. At the conclusion of jury duty, the member shall submit a statement from the Jury Commissioner's Office specifying the dates and times served by the unit member. The jury duty wage shall be submitted to the District Office, exclusive of travel and/or meal allowances.

Bereavement: *Cert:* Three (3) days or five (5) days when travel in excess of 400 miles one way for the death of any member of the immediate family. *Clssfd:* Three (3) days or five (5) days when travel in excess of 250 miles one way for the death of any member of the immediate family. *Note:* Please see individual contracts for definition of immediate family members.

Other: May include leave without pay, Supervisor's request, comp. time.

DISTRICT OFFICE USE ONLY (Note: Includes above leave requested)

_____ Sick leave hours/days remaining _____ Personal Necessity/Discretionary hours/days remaining _____ Comp time remaining

_____ Vacation hours/days remaining _____ No charge (workshop, jury duty, etc.)

Verified by _____ Date _____

☐ Approved ☐ Denied

Superintendent's Signature

Date