

TRACY UNIFIED SCHOOL DISTRICT
NOTICE OR REQUEST FOR CERTIFICATED LEAVE

Name: ID#_Today's Date: _____ Work Location: Date(s) of Leave _____

NOTE: In all instances the teacher is responsible to **REQUEST** or **CANCEL** the substitute.
Unless stated otherwise, notice/request shall be submitted 72 hours in advance except in cases of emergency.

To Be Completed by the Teacher

I am **NOTIFYING** the District that I need to be absent on the above date(s) for the following reason: **Personal Necessity Leave.** (Sick leave deduction-10 days max) Check reason.

- ☐ Death or serious illness of immediate family.
- ☐ Accident involving person or property of employee or immediate family.
- ☐ Religious observances for recognized and established Holy days.
- ☐ Legal Meetings/Appearances in Court of Law (Not brought on through connivance or misconduct of unit member.)
- ☐ Urgent personal family business which necessitates unit member's immediate attention during normal business working hours.
- ☐ Attendance at funeral of close personal friend.
- ☐ Urgent & Compelling reasons of Personal Business
- ☐ **Maternity Leave** (Deduction from sick leave ATTACH Doctor's note) 30-day prior notice.
- ☐ **Paternity/Adoption Leave** (Deduction from sick leave) 30-day prior notice.
- ☐ **Bereavement Leave** (No Deduction – Max. 3-5 days depending on travel miles.)
Relationship to Employee _____
Location of Services _____
- ☐ **Personal Necessity Leave** (No deduction from Sick Leave) – Check reason
 - ☐ Testify in Court of Behalf of District ☐ Testify in Court on Behalf of Child
- ☐ **Jury Duty Leave** (No deduction in pay. Submit check received for juror's fees to District.)
- ☐ **Military Leave** (Attach copy of official orders.)

OR

I request **PERMISSION** to be absent on the above date(s) for the following reason:

☐ **Personal Necessity Leave** LIST REASON:

☐ **Labor Code 233** (Sick Leave Deduction) Reason

☐ **Additional Personal Necessity Days** (Sick Leave Deduction) – Check reason

☐ Death or serious illness of immediate family.

☐ Accident involving person or property of employee or immediate family.

☐ **Non-Paid Leave** Daily absence for Personal Business not allowed as a charge to sick leave.

LIST REASON

☐ **Unpaid Leave of Absence** (Up to 12 months) Attach a separate sheet with detailed reasons and duration of requested leave. **Needs Board Approval.**

DO NOT use this form for Sick Leave. Notify Supervisor and follow procedures established at each Site and/or in Master Agreement.

EMPLOYEE'S SIGNATURE: Date: **Principal's/Supervisor's Recommendation:** ☐ None Required ☐ Recommended

☐ Not recommended PRINCIPAL/SUPERVISOR'S SIGNATURE Date: _____ **Asst. Supt/Human Resources'**

Approval ☐ None Required ☐ Approved ☐ Not Approved

ASST. SUPT'S SIGNATURE Date: _____ DISTRIBUTION: Payroll Employee Supervisor Human
Resources Revised 12/10/07