



# EAST SIDE UNION HIGH SCHOOL DISTRICT CLASSIFIED ABSENCE REQUEST FORM

**AMENDED**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Location \_\_\_\_\_

Position(s) \_\_\_\_\_

Begin Date	End Date	Vacation Hours	Emergency Leave Hours	Bereave-ment Hours	Parental Hours	Jury Duty Hours	Leave without Pay Hours	Reason (Emerg/Bereave/Leave w/o Pay) (See reasons on reverse side.)

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: Approved

Supervisor: Denied  Reason denied: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR DISTRICT OFFICE USE ONLY:**

	<u>Vacation</u>	<u>Sick Leave</u>	
Previous Balance: _____	_____	_____	Balance as of: _____
This Request: _____	_____	_____	
Ending Balance: _____	_____	_____	Posted by: _____

**SUBMIT FORM TO HUMAN RESOURCES - CLASSIFIED**  
**NOTE: ALL ABSENCES WILL BE POSTED AS SUBMITTED.**  
**ADJUSTMENTS TO YOUR SICK LEAVE AND/OR VACATION BALANCE REQUIRE AN AMENDED FORM.**

## CLASSIFIED ABSENCE REASONS

To be used for "reason" column.

**Vacation** Must be submitted no less than five (5) days in advance. (FH: Floating Holiday)

### **Emergency Leave**

Classified employees may use up to seven (7) days of accumulated sick leave per fiscal year in cases of emergency leave, including any of the following:

- b1) Death of a member of the immediate family when leave beyond normal bereavement is required.
- b2) Accident to the person or his/her property or the person or property of the immediate family.
- b3) Appearance in a court or administrative tribunal as a litigant, party, witness, or under an official order.
- b4) Serious or critical illness of a member of the immediate family.
- b5) Other personal contingency that requires an employee's absence from duty. The words "emergency" and "contingency" are used to mean an event "out of the ordinary" i.e., an act of God, or circumstances beyond one's control, or an occasion that cannot be covered in the normal course of events.
- b6) No-Tell: Any three (3) of the seven (7) days of authorized Personal Necessity Leave are designated "No Tell Days" and may be utilized for reasons of compelling personal importance at any time during the school year. When possible, the unit member will secure at least two (2) days advance approval for such leave from his/her immediate supervisor.

### **Bereavement Leave**

All classified employees shall be granted bereavement leave in the event of the death of a member of his/her immediate family. The employee is entitled to three (3) days or five (5) days if travel is in excess of three hundred (300) miles. Immediate family shall be considered as:

- |  |                   |  |
|--|-------------------|--|
| e1) Spouse   | e2) Children      | e3) Mother                                   |
| e4) Father   | e5) Mother-in-Law | e6) Father-in-Law                            |
| e7) Brother  | e8) Sister        | e9) Son-in-Law                               |
| e10) Daughter-in-Law   | e11) Grandparents | e12) Grandchildren of the employee or spouse |
| e13) Any relative living in the immediate household of the employee. |                   |  |

### **Parental Leave**

Male and female employees shall be granted up to one (1) day upon the birth or adoption of a child into their immediate family. See Collective Bargaining Agreement, Article 18.6.

**Jury Duty** Must submit jury duty form. See Collective Bargaining Agreement, Article 18.2.

### **Leave of Absence** (without pay)

Leave with loss of full pay requires prior approval of the Director of Human Resources. It may be used in those cases where accumulated sick leave has been exhausted, or any paid leave is not applicable and there is good reason to be absent.