



# San Leandro Unified School District

Personnel Services Department  
835 E. 14th Street, Suite 200  
San Leandro, CA 94577  
(510) 667-3523, Fax (510) 667-6234

## Request for Leave

Employee Name: \_\_\_\_\_ PSL# \_\_\_\_\_  Certified  
Please Print  Classified

Site(s) \_\_\_\_\_ Will a sub be needed?  Yes  No

I request an Absence beginning \_\_\_\_\_ for \_\_\_\_\_ day(s) RETURNING on \_\_\_\_\_

- Bereavement (Relationship) \_\_\_\_\_
  - Personal Necessity (Reason) \_\_\_\_\_
  - Personal Necessity NO REASON - Does your reason meet the requirements of Personal Necessity Leave?
  - Vacation (CSEA, Teamster / Trades, Management)
  - Unpaid Leave
  - In Lieu Time (Certificated only) \_\_\_\_\_
- Reason for taking time off \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal / Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### District Action

- Approved**  Bereavement  Sick Leave  Vacation Deduction
- Not Approved**  Full Salary Deduction  Sub Differential

\_\_\_\_\_ Date \_\_\_\_\_  
Senior Director of Personnel Services

### REQUEST FOR LEAVE

This form must be submitted to Human Resources for approval **3 DAYS** prior to the leave.  
ALL ABSENCES DUE TO EXTENDED ILLNESS OF MORE THAN 5 DAYS REQUIRE A DOCTOR'S NOTE.

Job #(s) \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_