

REQUEST FOR LEAVE OF ABSENCE

NAME: _____ EMPLOYEE ID NUMBER: _____

SITE: _____ JOB TITLE: _____

_____ : Include precise beginning and ending dates, as well as the reason for this request.

revised

All copies need to be submitted to your immediate supervisor at least five days prior to the leave. A copy will be returned to you with the final disposition of Personnel and/or the Governing Board. Advance permission for leave for any of the following reasons is not required: death or serious illness of immediate family member, accident involving his/her person or property, or person or property of immediate family member. NOTE: If your absence requires a substitute, it is your responsibility to call the sub system at 619-333-2578.

*Personal Without Pay _____ *Bereavement _____		

EMPLOYEE SIGNATURE: _____ DATE: _____
