

**SONORA UNION HIGH SCHOOL DISTRICT
LEAVE FORM**

Absence Request

Verification of Absence

Name: _____ **School or Site:** _____

Date(s) Absent: _____ **Total Number of Days:** ____ equals ____ hours ____ periods
IF Less than one full day, enter: ____ hours ____ periods

REASON(S) (please check one)

Bereavement - Immediate Family (see contract)

Relationship _____
 Three (3) days maximum, five (5) days for extended travel

Comp Time

Jury Duty or Witness Leave
 (per Ed. Code 44036)

Military Leave

Vacation

Workers Compensation
 Industrial Illness or Injury
 Call Company Nurse on Call 1-877-740-5017

ILLNESS - Includes medical, dental, vision appointments

Self

Family Member - see contract
 Relationship _____

PERSONAL NECESSITY LEAVE

Maximum 7 days/year to be deducted from Sick Leave

No advance notice required:

Accident Involving Personal Property
 (or a person or property of immediate family)

Advance Notice Required:

Bereavement - Not Immediate Family
 Relationship _____

Court Appearance (as a litigant or party)

Discretionary (see contract)

Please describe in Additional Explanation box below.

Non-paid Leave

Work-Related Absence
Additional Explanation:

Other Personal Necessity

**Personal Business Exceeding Seven (7) Day
 Limit - Approved by Superintendent**

If requesting a leave, submit completed leave form to supervisor for pre-approval. Supervisor will return approved leave form to employee. After the absence has occurred, employee also checks "Verification of Absence" and routes approved form to District Payroll Office.

If verifying a leave, please complete the form by checking Verification of Absence, indicating what type of leave was taken and how much, sign and date the form, and route to supervisor. Upon approval, supervisor will sign and route approved form to District Payroll Office.

Employee's Signature _____

DATE _____

Supervisor's Approval _____

DATE _____