

LOS ALAMITOS UNIFIED SCHOOL DISTRICT
 CERTIFICATED
PERSONAL NECESSITY AND BEREAVEMENT LEAVE
REQUEST AND VERIFICATION FORM

NAME _____
 (Please Print)

_____ School or Budget Unit

_____ Position Title

Date(s) of Absence _____

Number of Days Absent _____

Number of Hours Absent _____

PN PERSONAL NECESSITY
 *Please check the appropriate item listed below
 for PN. (Limit ten (10) days per school year.)
 (Subtracted from sick leave.)

BEREAVEMENT (Not subtracted from sick leave)

maximum Death in immediate family
 3 days (under 300 miles [one-way])
 (3 days maximum)

- 1. Death in immediate family.
- 2. Accident involving person or property or same for immediate family
- 3. Illness in immediate family
- 4. Home protection-catastrophe

maximum Death in immediate family
 5 days (over 300 miles [one-way]
 or out of state travel)
 (5 days maximum)

*NOTE: For a request that falls within items 5, 6 and 7, the unit member shall submit, for prior approval, a request for personal necessity leave on a District approved form to the immediate supervisor normally not less than three (3) working days prior to the beginning date of the leave. The Superintendent (or designee) at her discretion, may waive the three-day prior approval.

___ 5. Observance of religious holiday.

___ 6. Bereavement for other than immediate family.

___ 7. Unit member discretion. (PN is **not** to be used "for purposes of personal convenience or for the extension of a holiday or a vacation period, recreational activities, association activities or for matters which can be taken care of outside the work hours.") **Five days annually**

 Unit Member's Signature

 Supervisor's Signature

_____ APPROVED _____ NOT APPROVED

 Signature (Superintendent or Designee)

Completion of this form does not eliminate the need to make your own substitute arrangements.
 Please follow the same procedure you follow when out for illness.

ROUTE TO PERSONNEL FOR APPROVAL, THEN TO PAYROLL.