Barstow Unified Leave Request Form

Employee name:_____**Date**:_____

Date(s) of Absence

From:_____ **To**: _____**Total hours:**_____

Type of Leave:

☐ Vacation (classified only)

☐ Personal Business
Must give 24 hrs notice. See CSEA Contract 15.7 for explanation of what constitutes as Pesonal Business.

☐ Sick

☐ Personal Necessity

☐ Worker's Comp

☐ Authorized Absence

☐ Jury Duty (must provide pink slip)

☐ Bereavement for (name/relationship):_____

☐ Personal Leave Without Pay

☐ Compensatory Time (classified only)

I UNDERSTAND THAT ANY ABSENCE IN EXCESS OF AVAILABLE AUTHORIZED LEAVE MAY BE CHARGED AS LEAVE WITHOUT PAY

Employee signature:_____ Date:_____

Administrator/Supervisor signature_____ Date:_____

Absence unathorized due to:_____