Simi Valley Unified School District

CLASSIFIED EMPLOYEE
REQUEST FOR PERSONAL NECESSITY LEAVE

Name of Employee: _____ **Date:** _____

School / Department: _____

EMPLOYEE: Personal Necessity Leave (PNL) requires two (2) working days of advanced approval by your supervisor (except for emergency situations as outlined in the CSEA contract.) You must provide the reason(s) for your requested PNL so that appropriate use of leave time may be determined. PNL may not be used for vacation, to extend a vacation, recreational pursuits, political activities, social events or seeking/engaging in other employment.

NOTE: For detailed information regarding use of Personal Necessity Leave, please refer to the CSEA Contract (Article VIII – Leaves, section M) and/or Merit System Rules. These documents are available on the Classified Personnel Services webpage on the District's website at www.simivalleyusd.org. Requested and/or reported PNL is subject to review by District administration, and may be adjusted if leave does not meet established guidelines. If you have questions about appropriate use of leave, please contact the Classified Personnel Department.

I am requesting the following time as Personal Necessity Leave:

Date(s)	# of Hours	Reason for use of PNL

I hereby certify that all statements and information contained on this form are true and correct.

Employee's Signature: _____ **Date:** _____

SUPERVISOR'S REVIEW & APPROVAL:
(Supervisor: If you have questions about use of leave requested by employee, please contact the Classified Personnel Department.)

☐ **Approved** ☐ **Not Approved**

Comments:

_____

_____

Supervisor's Signature: _____ **Date:** _____