



Azusa

Unified School District

CLASSIFIED PERSONAL NECESSITY LEAVE REQUEST FORM

Name _____ Date _____ Site _____

Pursuant to Article IX, Section B.5. Personal Necessity Leave

A unit member may elect to use up to seven (7) days of accumulated sick leave annually for personal necessity for the following reasons. From the list of five reasons below, select the reason for taking Personal Necessity by marking an "X" next to the reason.

1. _____ Death of a member of the employee's immediate family when the number of days of absence exceeds the limits set by bereavement leave provisions under this agreement.
2. _____ An accident involving the employee's person or property or the person or property of a member of the employee's immediate family as defined by Article IX (B)(1).
3. _____ A serious illness of a member of the classified employee's immediate family as defined by Article IX (B)(1).
4. _____ A classified employee's appearance in any court or before any administrative tribunal as a litigant, party, or witness under subpoena or other order.
5. _____ Personal business of a serious nature, which the employee cannot disregard.

In no cases shall personal necessity leave be used for vacation or the extension of vacation, the extension of the holiday, personal business that can be conducted outside of the unit member's normal workday, or recreational activities.

Procedure for Personal Necessity Leave:

Unit members must, except in cases of emergency, submit a completed request for personal necessity leave five (5) working days in advance of the requested leave on this form. Immediate supervisors shall grant or reject a unit member's request for personal necessity leave no later than two (2) full working days following the request. Unless approved in advance, or, in cases of emergency, unit members shall not use personal necessity leave for more than two (2) consecutive days.

In cases of emergency, where advance notice is not possible, the unit member shall submit this form the day that he/she returns to duty. If additional time is needed, the employee may extend that time up to three (3) days.

I would like to use _____ days of Personal Necessity Leave beginning on _____.
I certify that the information provided herein is true and correct.

Employee's Signature

Site Administrator

___ Approve ___ Not Approved - Reason: _____