

**TEMPORARY LEAVE OF ABSENCE REQUEST FORM  
(MANAGEMENT & CLASSIFIED/CONFIDENTIAL PERSONNEL)  
TRACY UNIFIED SCHOOL DISTRICT**

To: Associate Superintendent for Human Resources

From: \_\_\_\_\_ ID#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Dept./Site: \_\_\_\_\_

I request approval for a temporary leave of absence on the following date(s):

\_\_\_\_\_

The reason for this request is as follows (please check appropriate reason(s):

- \_\_\_\_\_ Bereavement Leave – Relationship to employee: \_\_\_\_\_
- \_\_\_\_\_ Death or serious illness of a member of my immediate family
- \_\_\_\_\_ Maternity/Adoption Leave
- \_\_\_\_\_ Accident involving person or property of employee or immediate family
- \_\_\_\_\_ Required legal meeting/required appearance in court  
(not brought on through connivance conduct of employee)
- \_\_\_\_\_ To respond to an official order from a court of law or governmental jurisdiction
- \_\_\_\_\_ Urgent & Compelling (no-tell day, one contract day per school year)
- \_\_\_\_\_ Other: \_\_\_\_\_

I request to do the following:

- \_\_\_\_\_ Non-Paid Leave
- \_\_\_\_\_ Use of sick leave (i.e. Personal Necessity)
- \_\_\_\_\_ Use of sick leave and extended sick leave (i.e. Maternity)
- \_\_\_\_\_ No loss of compensation (i.e. Bereavement, Jury Duty)
- \_\_\_\_\_ Other \_\_\_\_\_

Change in days of service as follows:

Will work - list date(s) \_\_\_\_\_

Will not work - list date(s) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Recommended  Not Recommended

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Approved as Requested \_\_\_\_\_  
Approved as Amended \_\_\_\_\_  
Not Approved \_\_\_\_\_

\_\_\_\_\_  
Signature of Associate Superintendent of Human Resources or Designee

\_\_\_\_\_  
Date