Raisin City School District
Leave Authorization Form

6425 W. Bowles
Raisin City, CA 93652
(559) 233-0128

Employee Name: _____ Date Submitted: _____

Social Security #: XXX-XX-_____ Position: _____

Dates(s) Requested: _____ - _____ Time Requested: _____ to _____

Total Hours Requested: _____ ☐ Anticipated ☐ Unanticipated

(Leave is requested in accordance with CTA and/or CSEA Contract)

☐ Sick Leave – (List Reason) _____

Three (3) consecutive days requires a Doctor's note: _____

☐ Vacation	☐ Maternity Leave	☐ Industrial Accident	☐ Association Release Time
☐ Comp-time	☐ FMLA (Unpaid)	☐ Military Leave	☐ Negotiations
☐ Jury Duty	☐ Medical Appointment	☐ Other (Explain)	

☐ Personal Necessity – Accident, serious illness, appt. for immediate family

☐ PN Urgent (2 No tell days) _____

☐ Industrial accident or illness – must be reported immediately

☐ Other All Personal Necessity must specify reason

☐ Bereavement (Relation required) _____

Bereavement Non-Family All Bereavement must specify relationship – Family and Non-Family

☐ School Business (must have prior approval and attach backup)

_____

☐ Other (Must Specify) _____

"I hereby certify that the above absence was such as to prevent working on the date(s) indicated above."

_____ _____ _____ _____

Employee Signature Date Administration Approval Date

DEPARTMENT USE ONLY

Substitute Required: ☐ Yes ☐ No Program Name: _____

Program Name	Fund	Resource	PY	Goal	Function	Object	Site	Local	%

Actual Hours Used: _____ _____ Date: _____

Secretary/Administrator Verification

DISTRICT OFFICE USE ONLY

Absence Code	Hours Recorded	Absence Code	Hours Recorded	Absence Code	Hours Recorded

Date Entered: _____ Entered By: _____

Notes: _____