

Tahoe Truckee Unified School District Certificated Leave Request Form

NAME _____ Employee ID# _____
 DATE _____ Total Number of days reported below _____
 SITE _____ NAME OF SUBSTITUTE _____

**Please check the box next to the type of leave you are requesting and report the # of days and exact dates.
 All leaves found in Article 10, which are not listed on this form, require a letter of request from the employee and board approval.**

PAID LEAVES

1. Personal Illness or Injury (Section 10.1) _____
 # of days _____ date(s) _____
2. Personal Necessity (Section 10.2) _____
 # of days _____ date(s) _____

Each year no more than 10.25 days of accumulated sick leave may be used for occasions of personal necessity. Personal necessity may not be used for recreation, work stoppage, and avocation or outside job-related activities. Except in the case of emergency the employee must make every effort to notify the principal at least five (5) days in advance of this leave request. (If this personal necessity leave is used for purposes other than those allowed, the employee shall be subject to loss of pay for the day(s) of inappropriate absence and a letter of reprimand may be inserted in to personnel file.)

3. Maternity Leave (Section 10.4) _____
 # of days _____ date(s) _____

PAID LEAVE NOT DEDUCTED FROM ACCUMULATED SICK LEAVE

4. Professional leave for conferences, field trips, or visitations _____
 # of days _____ date(s) _____
5. Bereavement Leave _____
 (Section 10.3) (Relationship to Employee) # of days _____ date(s) _____
6. Industrial Accident Leave (pending approval by insurance co.) _____
 (Section 10.6) # of days _____ date(s) _____
7. Jury Duty or Court Subpoena as a Witness (Section 10.7) _____
 # of days _____ date(s) _____
 Which County _____ Seated? _____
 Yes/No
8. Coaching Leave _____
 # of days _____ date(s) _____

UNPAID LEAVE

9. Day Absent without pay _____
 # of days _____ date(s) _____

 Employee's signature Administrator's Signature Approved Yes/No