Burbank Unified School District Additional Leave Request Form
Due to California Fires

Employee Information:

- **Full Name:**
- **Department/School Site:**
- **Contact Number:**
- **Email Address:**

Eligibility Criteria:

1. **Evacuation Zone Status:**
   - As of or after January 13, 2025, I was unable to return to my primary residence due to it being in a fire evacuation zone that was not approved for repopulation.
   - ☐ Yes
   - ☐ No
2. **Home Status:**
   - My home was totally destroyed due to the California fires.
   - ☐ Yes
   - ☐ No

Leave Request:

- Employees can apply for up to five additional leave days.
- The five days need to be approved unless the home was a total loss.
- Number and dates of additional leave days requested:
  _____
- Reason for request if not due to loss of home:

Sick Leave Conversion:

- From January 8 through December 31, 2025, employees may convert any or all accrued sick leave into Personal Necessity days in relation to the fires and their subsequent consequences.
- Number of sick leave days to convert: ____

Additional Information:

- **Current Address (if different from primary residence):**
- **Date of Evacuation:**
- **Expected Date of Return (if known):**

Employee Support:

- If you are experiencing a physical or emotional condition that affects your ability to work, you can work with the employer on the interactive process under state and federal disability laws to determine if a reasonable accommodation is available to allow you to return to work.

Employee Declaration:

I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature: Date: