

APPENDIX F

**TRACY UNIFIED SCHOOL DISTRICT
NOTICE OR REQUEST FOR CLASSIFIED LEAVE**

Name: _____ ID# _____ Today's Date: _____

Work Location: _____ Date(s) of Leave _____

NOTE: Unless stated otherwise, notice/request shall be submitted 72 hours in advance except in cases of emergency.

I am **NOTIFYING** the District that I need to be absent on the above date(s) for the following reason:

___ **BEREAVEMENT LEAVE** (No Deduction-Max 3-5 days depending on travel miles)
Relationship to Employee _____ Services Location _____

___ **MATERNITY LEAVE** (30 days advance notice.) Deduction from sick leave. Attach Doctor's note.

___ **PERSONAL NECESSITY LEAVE** (Sick Leave Deduction-MAX. 8 DAYS)
 ___ Death or serious illness of immediate family.
 ___ Accident involving person or property of employee or immediate family.
 ___ Required Legal Meetings/Required Appearances in Court (Not brought on through connivance conduct of unit member.)
 ___ Urgent & Compelling Reasons – (Maximum one day) Advance notice of less than 72 hours is acceptable

___ **LABOR CODE 233** (Sick Leave Deduction) Reason _____

___ **OTHER:** _____

OR

I request **APPROVAL** to be absent on the above date(s) for the following reason:

___ **FLOATING HOLIDAY** (Max 1 day) (submit request 2 working days prior & have min. of 6 mos. service)

___ **PERSONAL NECESSITY LEAVE** (72 hours in advance. Deduct from sick leave.)
 ___ Personal Business Leave (Unexpected, unavoidable personal obligation which requires the employees immediate attention during the normal working day.)
LIST GENERAL REASON: _____
 ___ Death of a member of his/her immediate family, or serious illness of any other member of his/her immediate family as defined in Article XIII (Bereavement Leave). Relationship: _____
 ___ Accident involving person or property of employee or immediate family.

___ **Non-Paid Leave.** Daily absence; Personal business; not allowed as charge to sick leave.
List Reason: _____

___ **Other: List Reason** _____

DO NOT use this form for Sick Leave, Unit Member's medical appointments, or Vacation Leave. Follow procedures established at each Site and /or in Master Agreement.

Employee's Signature: _____ Date: _____

Principal/Supervisor's Recommendation: ___None Required ___ Recommended ___Not recommended

Principal/Supervisor's Signature: _____ Date: _____

Assoc. Supt/Human Resources' Approval: ___None Required ___Approved ___Not Approved

Assoc. Supt's Signature: _____ Date: _____

DISTRIBUTION: Yellow, Payroll Pink, Employee Blue, Supervisor White, Human Resources Revised 09/26/17