



OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, CA 93030 • 805/385-1501 • Fax 805/385-1522

www.oxnardsd.org

REQUEST FOR AND VERIFICATION OF USE OF PERSONAL NECESSITY LEAVE (CSEA)

Employee Name (print): _____

Pursuant to Article 16, subsection 3 of the Agreement between the Oxnard School District and the CSEA, Chapter #272, I hereby request to use the following day(s) for reasons of personal emergency or necessity:

The specific purpose is as follows: (Please check appropriate box)

- a. Death of a member of his/her immediate family when additional leave is required beyond that provided for in other sections of this Agreement.
- b. Death of a relative outside the immediate family or of a close friend.
- c. Accident involving his/her person or property, or the person or property of a member of his/her immediate family.
- d. Appearance in court as a litigant or as a witness except as outlined in article 16.8.2.
- e. Professional improvement such as: registration for courses in recognized educational institutions, the taking of graduate or other examinations or tests that could not be taken at other times, etc. This provision does not include attendance at classes or lectures that are available at other times which would not conflict with the unit member's obligations to the district.
- f. Business transactions of an emergency nature. Such transactions must require the presence of the unit member and could not be dealt with during off-duty hours.
- g. Unforeseen family responsibilities of a critical or urgent nature. Absence of this type would include but not be limited to: illness of the immediate family, problems related to property, or necessary appearance of self or immediate family in court or other governmental agency but not under court order or official government order or direction.
- h. Acceptance of an honor such as a diploma, degree or special award from a recognized educational institution or governmental agency for self or immediate family member.
- i. Attendance at weddings involving self or immediate family, or observation of recognized religious holidays of a unit member's faith.

It shall be the unit member's responsibility to track their usage of personal necessity leave. The charging of such absences shall be subject to the approval of his/her immediate supervisor, and such approval should be contained in writing when possible.

Additional information: The district may request the unit member to provide additional information such as identifying the member of the immediate family, requiring the unit member to produce the subpoena, order to appear in court, or letter from an attorney, physician, or legal agency to verify the need to be present at a specific time. The specific personal or confidential details need not be stated.

I hereby request to use personal necessity leave for the above-stated reasons:

Comments: _____

Date: _____

Signature of Unit Member

Date: _____

Signature of Unit Member's Immediate Supervisor