SANTA MARIA-BONITA SCHOOL DISTRICT

CLASSIFIED EMPLOYEE
REQUEST FOR PERSONAL NECESSITY LEAVE

_____ _____

NAME OF EMPLOYEE **SCHOOL OR DEPT.**

_____

DATE(S) OF REQUESTED ABSENCE

Bargaining Unit Members may elect to use ***not more than seven (7) days per year*** of unused sick leave for purposes of approved personal necessity leave (10.3.1). Utilization shall be limited to circumstances that are **serious in nature, which cannot be expected to be disregarded, and which necessitate immediate attention and which cannot be dealt with during off duty hours.**

Bargaining Unit Members shall submit a request for personal necessity leave approval on a District approved form to the Assistant Superintendent for Human Resources, normally not less than five (5) working days prior to the beginning date of the leave (10.3.3).

When written prior approval is not possible due to an emergency, the Bargaining Unit Member, or a responsible party, shall notify their immediate supervisor by telephone or in person of the reason for and expected duration of the absence (10.3.4). Upon return to active service, the Bargaining nit Member shall complete the appropriate District forms and submit them to the Human Resources Office (10.3.5).

Check the reason for the request:

☐ **DEATH IN IMMEDIATE FAMILY AFTER USING AVAILABLE BEREAVEMENT LEAVE**. Immediate family members under this criteria are: spouse and parents, foster parents, legal guardians, aunts of employee, uncles of employee, children, foster children, step-children, grandparents, grandchildren, sons-and daughters-in-law, brothers or sisters, brothers-or sisters-in law, of the Bargaining Unit Member or of the Bargaining Unit Member's spouse, or any person living in the immediate household of the Bargaining Unit Member. (Article10.4)

☐ **COURT APPEARANCE**
Appearance in court as a litigant (Article10.5.2)

☐ **RELIGIOUS HOLIDAY –** You must attach a published copy of the doctrine that names this date as a religious holiday. (Article 10.3.2)

☐ **ACCIDENT** involving the person or property of the bargaining unit member or his/her parent, spouse, or child. (Article 10.3.2)

☐ **OTHER** – Describe the circumstances _____

_____

I understand that the circumstances I have described on this application are personal necessity within the meaning of the contract and that the time used will be charged against my sick leave. I understand that, if approved, it is my responsibility to notify my school site of my absence.

_____
Employee Signature Date

☐ Approved ☐ Denied

_____ _____
Signature of Assistant Superintendent of Human Resources Date

Human Resources: _____ days available at time of request Verified By: _____ .

Copies: White: H.R; Yellow: Site; Pink: Employee