

**Santa Maria-Bonita School District
REQUEST FOR LEAVE – CLASSIFIED**

Check the type of leave requested:

Vacation – 246-day (12-month) employees – Article 9

Military – Article 10.7
(Attach copy of official orders)

CSEA release time - Article 4

Personal leave without pay

Name: _____

Position: _____

School: _____

Date(s) of Leave _____

Comments: _____

Employee Signature

I have checked the reasons of the request and have determined the facts as stated are correct:

Comments: _____

Association President (when applicable)

Principal/Immediate Supervisor

Assistant Superintendent/Human Resources

ALL REQUESTS FOR LEAVE MUST BE SUBMITTED TO HUMAN RESOURCES FOR APPROVAL AT LEAST **FIVE (5) DAYS** PRIOR TO DATE OF LEAVE (submit all four copies).

of days available: _____ Date Verified: _____ Verified by: _____