

Santa Paula Unified School District
Absence Notification Form * Classified Employees

Employee Name Printed: _____ Position: _____

Site: _____ Department: _____

REASON FOR REQUEST

Please circle one from list below:

Jury Duty (Art. 9.8) DATE/S: _____ # Hours: _____ # Days: _____

***District Business** DATE/S: _____ # Hours: _____ # Days: _____

List Activity: _____

Union Business (Art. 2.8) DATE/S: _____ # Hours: _____ # Days: _____

List Activity: _____

Sick Time (Art. 9.1.2) DATE/S: _____ # Hours: _____ # Days: _____

***Vacation (Art. 10.7)** DATE/S: _____ # Hours: _____ # Days: _____

Bereavement (Art. 9.6) DATE/S: _____ # Hours: _____ # Days: _____

Relationship: _____ **(see back of form)**

Illness of Family Member DATE/S: _____ # Hours: _____ # Days: _____

(Art. 9.2)

Relationship: _____ **(see back of form)**

***PN Leave (Art. 9.3)** DATE/S: _____ # Hours: _____ # Days: _____

Reason Code **(see back of form)**: _____

Employee Signature: _____ **Date:** _____

SUPERVISOR APPROVAL/DENIAL

*** District Business Leave, Vacation and Personal Necessity Leave (Reasons D – L) require prior approval from the immediate supervisor.**

Approved

Not Approved

Supervisor Signature **Date**

Account/Program to Charge: _____

Employee is to receive a copy of this form after Supervisor signature.

Personal Necessity Leave - Reason Codes (Contract Article: 9.3)

Pursuant to Article 9, Subsection 9.3.1 of the Santa Paula Unified School District CSEA Chapter 891 Agreement, personal necessity leave may be taken for the following reasons:

(Please write the **CODE LETTER** on the front of form in space provided)

CODE:

- A. Death or serious illness of a member of the member’s family;
- B. An accident involving the member’s person or property, or the person or property of the immediate family;
- C. The illness of a child of the unit member;
- D. Required appearance in court or before any administrative tribunal;
- E. Religious holiday observances;
- F. Paternity or adoption absences;
- G. Legal or financial consultations;
- H. Death not covered by bereavement leave;
- I. Family crisis which would endanger the well-being of the immediate family;
- J. Marriages, divorces, births and graduations of the members of the immediate family;
- K. Other reasons approved by the Superintendent or designee. To transact personal business of a nature that cannot be taken care of before or after work hours or on weekends.
- L. “No Tell” (Contract Reference: Art. 9.3.4: Up to 2 days out of 8)

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Illness of Family Member (Contract Article: 9.2.1)

Qualifying Family Members: Child, Parent, Spouse, Registered Domestic Partner

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Bereavement (Per Contract Article: 9.6.6)

Qualifying Family Members: Mother, Mother-in-Law, Father, Father-in-law, Grandmother, Grandmother-in-law, Grandfather, Grandfather-in-law, Grandchild, Grandchild-in-law, Spouse, Registered Domestic Partner, Son, Son-in-law, Daughter, Daughter-in-law, Brother, Brother-in-law, Sister, Sister-in-law, Stepchild, Step-Parent, Aunt, Uncle, any relative living in the immediate household of the unit member.

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