



CERTIFICATED EMPLOYEE LEAVE REQUEST  
(CERTIFICATED, CERTIFICATED MANAGEMENT)

Employee Name: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_

Work Location: \_\_\_\_\_

Leave Type Requested

The following leave types require site level approval only - **To be filed at site level only**

Date/s Requested: From \_\_\_\_\_ To \_\_\_\_\_

Total Days/Hours: \_\_\_\_\_

Jury Duty (Attach Copy of Summons, Information Only)

Negotiations (Informational Only)

District Level Leave Request

*The following leave types must be approved by Human Resources prior to leave being taken except in cases of emergency*

Date/s Requested: From \_\_\_\_\_ To \_\_\_\_\_

Total Days/Hours: \_\_\_\_\_

Bereavement - Leave of up to 3 days or up to 5 days if out-of-state travel or instate travel beyond San Luis Obispo, Kern, Or San Bernardino Counties is required for death of employee's "immediate family" or person living in the immediate household.

Relationship of deceased: \_\_\_\_\_ Travel destination: \_\_\_\_\_

City/State

FMLA/CFRA - (please contact Brenda Arenas, ext. 80304 in Human Resources prior to use)

Military Leave (must attach leave orders)

Signatures/Approvals

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Site Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Approved  Denied

SIGNATURE REQUIRED

If denied, please indicate reason: \_\_\_\_\_

Personnel Designee: \_\_\_\_\_

Date: \_\_\_\_\_

Approved  Denied

SIGNATURE REQUIRED

If denied, please indicate reason: \_\_\_\_\_