

RESCUE UNION SCHOOL DISTRICT ABSENCE & LEAVE REQUEST FORM

Addendum E

The employee shall submit this completed and signed form to his/her immediate supervisor after any unplanned absences due to illness, injury or personal necessity. Planned absences are to be requested using this form and require approval prior to the absence.

EMPLOYEE NAME		EMPLOYEE ID # (Required)		DATE SUBMITTED	
SITE/DEPARTMENT	<input type="checkbox"/> CERTIFICATED <input type="checkbox"/> ADMIN/CLASS MGMT Indicate Total # of Days:	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> CONFIDENTIAL Indicate Total # of Hours:	START DATE:	END DATE:	
POSITION:			TIME:	TIME:	

***ABSENCES NOTED WITH ASTERICK (*) REQUIRE PRIOR AUTHORIZATION FROM SUPERVISOR.**

**** Discretionary leave shall not be used for purposes which are not serious in nature, for matters which can be taken care of outside of assigned hours of service, or for purposes of earning money or working elsewhere, vacation or recreation.**

ABSENCE REQUESTS (Retain at school/site)

**Family Illness - See Reverse for family definition

<input type="checkbox"/> VACATION* Classified, Confidential Only	<input type="checkbox"/> SICK LEAVE- Certificated <input type="checkbox"/> Personal <input type="checkbox"/> Family <small>[Employee/Family Illness** Doctor or DDS appt]</small>
<input type="checkbox"/> COMPENSATORY TIME* Classified, Confidential Only	<input type="checkbox"/> PERSONAL/FAMILY ILLNESS** & INJURY LEAVE Classified, Confidential <input type="checkbox"/> Personal <input type="checkbox"/> Family
<input type="checkbox"/> DISCRETIONARY LEAVE* <small>**Employee's signature signifies contract compliance - See Above</small>	<input type="checkbox"/> BEREAVEMENT - per contract: 3 Days Local, 5 Days Out of State <small>[Immediate family definition—see reverse]</small> Indicate Relationship _____
<input type="checkbox"/> Special Paternity/Maternity Leave* Certificated Only-per RUFT contract <input type="checkbox"/> Special Paternal Leave* Classified Only-per CSEA contract	<input type="checkbox"/> JURY DUTY/COURT ORDER* Attach Copy of Summons
<input type="checkbox"/> ABSENCE - NO PAY* Classified, Confidential Only <small>(Prior written approval from Supervisor required – Explain in comments below)</small>	<input type="checkbox"/> SCHOOL BUSINESS, NEGOTIATIONS, OTHER* <small>(Explain in Comments/Explanation below)</small>

LEAVE REQUESTS (Submit signed request to Human Resources)

Absences due to the reasons shown below require additional certification and authorization by Human Resources. Indicate the type of leave and the approximate start and end dates for the leave requested. Contact Human Resources for information regarding the approval process and additional paperwork required.

LEAVE START DATE _____ RETURN TO WORK DATE _____ INTERMITTENT LEAVE YES NO

Relationship to Employee: Self Spouse Registered Partner Child Parent

<input type="checkbox"/> MEDICAL LEAVE [FMLA/CFRA]	<input type="checkbox"/> WORK INJURY
<input type="checkbox"/> MATERNITY/PATERNITY LEAVE [PDL, FMLA/CFRA] Due Date: _____	<input type="checkbox"/> MILITARY CAREGIVER <input type="checkbox"/> MILITARY LEAVE or EXIGENCY
<input type="checkbox"/> UNPAID LEAVE OF ABSENCE (Board Approval Required)	

COMMENTS/EXPLANATION:

I UNDERSTAND THAT ANY UNAUTHORIZED ABSENCE OR DISCRETIONARY LEAVE THAT IS NOT IN ACCORDANCE WITH CONTRACT AND ED CODE WILL BE WITHOUT PAY. SUPERVISOR'S SIGNATURE IS NOT APPROVING FMLA-CFRA, WORKERS COMP, MILITARY OR UNPAID LEAVE REQUESTS.

Employee's Signature	Date
Supervisor's Signature	Date

Approved Denied

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Procedure:

1. Employee completes the form providing information for either an Absence or Leave request. (This form is used for either type of request).
2. Check employee’s leave balances to determine if employee has enough leave time to take the absence.
Reminders: Employees cannot use family illness or discretionary leave hours if they do not have enough sick leave hours to cover that absence. Include relationship to employee for bereavement leave.
3. Supervisor/Manager signs all requests and should retain a copy to verify with attendance sheets submitted at the end of the month. Custodian requests must be forwarded **directly** to Maintenance Dept for approval.
4. **If requests are for less than 5 consecutive days, original is retained by site/department** (see retention requirements). Maintenance employee original requests are to be maintained in M & O. **A copy is not needed by Human Resources.**
5. **Leave requests AND personal or family illness requests for more than 5 consecutive days,** should be signed and forwarded to Human Resources as additional certification and information may need to be sent to the employee. Site/Dept makes a copy for their records as needed.

Absence Request Form Retention: Retain the current year, and two prior years at the site/department.

****IMMEDIATE FAMILY DEFINITION:**

Immediate family of employee, spouse, or registered domestic partner means: mother, father, grandmother, grandfather, grandchild, son, daughter, brother, sister, son-in-law, daughter-in-law, brother-in-law, sister-in-law, and any person living in the immediate household of the employee.

Reference:

Education Code

44036 - 44037	Cert/Class	Leaves of absence for judicial and official appearances
44963	Certificated	Power to grant leaves of absence
44981	Certificated	Leave of absence for personal necessity
44985	Certificated	Leave of absence due to death in immediate family
44987	Cert/Class	Service as officer of employee organization
44987.3	Cert/Class	Leave of absence to service of certain boards, commissions, etc
45190	Classified	Leave of absence and vacations
45191	Classified	Absence Verification
45194	Classified	Bereavement leave of absence
45198	Classified	Effect of provisions authorizing leaves of absences
45207	Classified	Personal necessity
45210	Cert/Class	Service as officer of employee organization
45240 - 45230	Classified	Merit system

Family Code

297 - 297.5	Registered domestic partner rights, protections and benefits
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Government Code

3543.1	Release time for representatives of employee organizations
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Labor Code

230 – 230.2	Leave for victims of domestic violence, sexual assault or specified felonies
230.3	Leave for emergency personnel
230.4	Leave for volunteer firefighters
230.8	Leave to visit child’s school
233	Illness of child, parent, spouse, domestic partner or domestic partner’s child
234	Absence control policy

Military & Veterans Code

395.10	Leave when spouse on leave from military deployment
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