

## Employee Short Term Leave Request Form

Name: \_\_\_\_\_ Site: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Pursuant with Article XII of the San Marcos CSEA Chapter 413 Master Contract, I am requesting the following leave day(s) off:

### Personal Necessity

Request Date(s): \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Total No. of Hours: \_\_\_\_\_  
 Reason for Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Submit request three (3) days prior to the beginning of leave.**

**Prior approval is not necessary for:**

- 1) Death or serious illness of a member of the unit member's immediate family
- 2) Accident involving the unit member's person or property or the person or property of the unit member's immediate family.

You may not use more than seven (7) days per year of accumulated sick leave for purposes of approved Personal Leaves, with a maximum of 4 Personal Leave/Business days.

Personal Necessity Days shall not be taken for the following reasons:

- Political activities or demonstrations
- Vacation, recreation, or social activities
- Civic or organization
- Employee association activities
- Routine personal activities
- Occupational investigation
- Work stoppage

### Vacation

Requested Date(s): \_\_\_\_\_  
 Total # of Days: \_\_\_\_\_  
 Total No. of Hours: \_\_\_\_\_

### Personal Leave/Business

Request Date(s): \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Total No. of Hours: \_\_\_\_\_  
 Submit request at least four (4) days prior to leave.

A maximum of 4 days is allotted for Personal Business Days and may be used for any purpose which the unit member deems sufficiently important, **without explanation.**

Personal Business days are used as a part of your annual 7 Personal Days allotment.

### Bereavement

Request Date(s): \_\_\_\_\_  
 Reason for Request: \_\_\_\_\_  
 \_\_\_\_\_  
 Total No. of Days: \_\_\_\_\_

All employees are eligible for 5 days of Bereavement leave. Bereavement leave is for immediate family members, as defined in your contract and should be taken within 90 days.

### Admissions Day / Birthday

Circle your selection(s) above

Requested Date(s): \_\_\_\_\_  
 Total No of Days: \_\_\_\_\_

**Note: Birthdays and Admissions Day can only be taken in days not hours.**

**PLEASE SUBMIT TO YOUR IMMEDIATE SUPERVISOR OR OFFICE MANAGER FOR APPROVAL**

**Office Use Only:**    Approved    Denied   Reason for Denial: \_\_\_\_\_  
 School/Dept. Admin: \_\_\_\_\_ Date: \_\_\_\_\_