



**Aromas-San Juan Unified School District
ADVANCED APPROVAL REQUEST
FOR SHORT TERM LEAVE**

Revised: 10/10/2019

CLASSIFIED EMPLOYEES

Date _____ Name _____
 Balances available: as of last paycheck SSN/ID: _____ (number can be found on top-left side of paystub under employee name)
 *Sick Leave: _____ Number of Work Days Requested _____
 *Vacation: _____ **Required to be completed or attach ESS Report*
 Dates Requested From: _____ To: _____

Reason for Request:

_____ Personal Necessity-**Classified** deducted from Sick Leave, limit-7 days/yr
 _____ Personal Business (limited to 2 days per year) _____ Court Appearance (not Jury Duty)
 _____ Extended Bereavement* _____ Personal Property/Accident*
 _____ Illness of immediate family member*

Other Leave Requests:

_____ Jury Duty (Please attach copy of juror summons, Proof of service is required after Jury service is complete.)
 _____ Vacation (deducted from Vacation hours)
 _____ Other Please specify: _____

Employee Signature: _____ **Date:** _____

_____ Approved _____ Denied(Administrators/Supervisors-Please attach reason(s) for Denial)

Administrator/Supervisor's Signature _____
Date _____

* Advanced permission is not required for these types of leave, but you must notify the District upon learning of the reason for the leave and complete this form for payroll records upon your return to work.

Payroll Clerk Signature

Date

Business Manager Signature

Date

Superintendent's Signature

Date