



Lemoore Elementary School District RECORD OF ABSENCE/LEAVE REQUEST FORM Certificated/Classified/Confidential/Management Personnel

SUBMIT COMPLETED COPY TO YOUR SCHOOL SECRETARY OR SUPERVISOR IMMEDIATELY

CERTIFICATED EMPLOYEES: SUB REQUEST IS YOUR RESPONSIBILITY; THIS FORM DOES NOT REQUEST YOUR SUB

NAME: _____ DATE: _____

POSITION: _____ SITE: _____

Date(s) requesting and/or absent from work: _____

Hour(s) requesting and/or absent from work: _____

Employee's Signature _____

RECORD OF ABSENCE: Please charge my absence to the following leave account.

- Association Leave** (*LECO Article XVII, L; LETA Article 7.2*)
- Bereavement Leave** (*LECO Article XVII, E; LETA Article 7.7*) (if relationship is not listed in contract, please complete PN)
 - Relationship: _____
- Employee Doctor's Appointment** (*deducted from personal sick leave account*)
- Family Member Doctor's Appointment** (*deducted from personal sick leave account*)
- Family Medical Leave (FMLA and/or CFRA), Military Leave under FMLA and/or Parental Leaves of Absence (Pregnancy Disability Leave/Paternity/Adoption)** - please contact the Human Resources Department for required notifications and leave paperwork, this leave entitlement is unpaid and runs concurrently with your paid leaves in accordance with LECO and LETA bargaining agreements.
- Jury Duty OR Special Leave** (*Verification required; LECO Article XVII, I; LETA Article 7.8*)
 - If Special Leave (not Jury Duty), please provide reason: _____
- Publicly Elected Officials Leave** (*Certificated only, LETA Article 7.11*)

REQUEST FOR LEAVE: APPROVAL REQUIRED FOR THESE LEAVE TYPES

- Personal Leave** (*LECO Article XVII, D; LETA Article 7.12*) - requires Superintendent Approval
 - Personal Necessity Leave** (*LECO Article XVII, C; LETA Article 7.4*)
 - No Tell (please indicate by check mark); OR
 - Please list reason: _____
 - Note: In accordance with LECO and LETA contracts, employee must notify their immediate supervisor at least 5 work days in advance of taking such leave, except in emergencies.
 - Vacation** (*12-month Classified, Classified Management and Confidential Employees only - BP 4362*)
 - Number of vacation days available: _____ days, as of _____
- REQUEST APPROVED** **REQUEST DENIED - Reason:** _____

Immediate Supervisor's Signature: _____