Dixon Unified School District

Human Resource Services

CLASSIFIED REQUEST FOR LEAVE

PART I – TO BE COMPLETED BY EMPLOYEE

_____ _____ _____
NAME SITE/LOCATION TODAY'S DATE

_____ _____ _____
BEGIN DATE END DATE REASON

NARRATIVE EXPLANATION OF REQUEST AND REASONS:
_____
_____
_____

☐ IF MEDICAL, DOCTOR'S NOTE IS ATTACHED
☐ SUPPORTING DOCUMENT, IF APPLICABLE

_____
EMPLOYEE SIGNATURE

INCOMPLETE APPLICATION MAY DELAY PROCESSING

PART II – TO BE COMPLETED BY HUMAN RESOURCES

☐ APPROVED:
- ☐ With Pay
- ☐ Without Pay
- ☐ With 50% of Pay
- ☐ Other: _____

(Reference SEIU – DUSD Collective Bargaining Agreement)

____ Sick Leave
____ Pregnancy Leave
____ Personal Necessity Leave
____ Military Leave
____ Additional Leaves: _____
_____Extended Illness or Accident Leave
_____Maternity/Paternity Leave
_____ Bereavement Leave
_____ Judicial and Official Appearances

☐ DENIED

EXPLANATION:_____
_____

COMMENTS:_____
_____
_____
_____

_____
AUTHORIZATION SIGNATURE

_____
NAME & TITLE

_____
DATE

Copies: Employee, Payroll, Supervisor, HR