



CENTINELA VALLEY UNION HIGH SCHOOL DISTRICT

**ABSENCE FORM - CLASSIFIED EMPLOYEES**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

School/Department: \_\_\_\_\_

Please refer to the CSEA Collective Bargaining Agreement for complete absence provisions. This request should be made prior to your absence and submitted to your immediate supervisor for approval. In the event of an unforeseen absence, form is to be completed immediately after returning from absence. Please submit verifying documentation along with this form to your site payroll personnel (ex: doctor's note, obituary, etc.)

Date(s) Absent: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Check appropriate reason:

- Vacation** (Article 13 - Maximum accrual 24 working days) DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- Floating Holiday** (Article 12.5 - 1 day per year)
- Bereavement** (Article 6.4 - Maximum 5 consecutive days) **Relationship to Employee:** \_\_\_\_\_
- Judicial Leave**
  - \_\_\_ Jury Duty (Article 6.7.1 - Full pay)
  - \_\_\_ Witness in court (Article 6.7.3 - Full pay)
- CSEA Leave** (Article 9.6 – Maximum 50 days for CSEA officers or representatives)
- Personal illness and Injury Leave** (Article 6.2) DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- Personal Necessity Leave** – Deducted from Personal illness and Injury Leave DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
(Article 6.3 - **Maximum 7 days per year**)
  - \_\_\_ Death or serious illness of a member of immediate family
  - \_\_\_ Accident involving my person or property
  - \_\_\_ Accident involving a member of immediate family or property of immediate family
  - \_\_\_ Appearance in court as litigant, party or witness under subpoena or order
  - \_\_\_ As approved by the Superintendent or designee
  - \_\_\_ Personal needs of the employee (Maximum 2 days)
- Pregnancy Disability** (Article 6.5 - Use accrued Personal illness and Injury hours) DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- Sick Leave at Half-Pay** (Article 6.2.4 Maximum 100 days) DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- Catastrophic Sick Leave** (Article 23 – Maximum 30 days – must submit *Request for Catastrophic Leave* form)  
DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_
- Industrial Accident Leave** (Article 6.8 - Maximum 60 working days)
- Other Unpaid Leaves**
  - \_\_\_ Leave Without Pay (Article 6.6 - Maximum one year) DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_
  - \_\_\_ Military Leave (Article 6.9)
  - \_\_\_ Family Care and Medical Leave – FMLA (Article 6.10) DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Immediate Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Approved     Denied

Comments: \_\_\_\_\_