



San Gabriel Valley Regional Occupational Program

REPORT OF ABSENCE / LEAVE REQUEST

☐ Original

☐ Change

☐ Cancel

Name _____

Position Title _____

My absence was from _____ on _____ through _____ on _____ totaling _____ hours

Was due to _____

My employee type (check one): ☐ Classified ☐ Certificated Supervisor _____

Location _____ Total hours worked daily _____ Work schedule from _____ to _____

Was a substitute employed? ☐ Yes ☐ No If yes, name of substitute _____

| Dates Absent | I request the following charges to be made to my leave account: | Hours | Payroll/HR Office Use Only |
|--------------|---|-------|----------------------------|
| | 1. SICK LEAVE | | |
| | A. Personal illness or injury | | |
| | B. Personal doctor or dentist appointment | | |
| | C. Personal necessity leave (ED Code 44987 <i>Certificated Max 7 Days</i> ; BP 4233.4 <i>Classified Max 6 days</i>) | | |
| | 1) Death or serious illness of a member of the employee's immediate family (specify relationship) | | |
| | 2) An accident involving employee's person or property or the person or property of an employee's family (state nature of accident) | | |
| | 3) Other personal necessity (requires prior approval) See BP 4233.4 <i>Classified</i> Specify in detail | | |
| | D. Pregnancy disability leave (off-work order) | | |
| | 2. Extended illness leave—sick leave exhausted (off-work order) | | |
| | 3. BEREAVEMENT LEAVE (Specify relationship) A maximum of 3 days or 5 days if out-of-state travel is required. | | |
| | 4. INDUSTRIAL ACCIDENT LEAVE (Accident report must be filed with and approved by the Human Resources Office) Date of injury— | | |
| | 5. JURY DUTY LEAVE – (Attach jury room service slip) <i>Classified</i> : Jury fee is deducted from wages; <i>Certificated</i> : Jury service is non-paid. | | |
| | 6. VACATION (Requires prior approval) | | |
| | <input type="checkbox"/> A. Vacation Leave | | |
| | <input type="checkbox"/> B. Compensatory time (Requires prior approval) | | |
| | 7. PAID MILITARY LEAVE (Requires copy of military orders) | | |
| | 8. LEAVE WITHOUT PAY (Requires prior approval) | | |
| | <input type="checkbox"/> A. Personal Leave | | |
| | <input type="checkbox"/> B. FMLA (Family Medical Leave Act) | | |
| | <input type="checkbox"/> C. Other (specify) | | |

This form must be returned to your supervisor for prior approval unless your absence is due to illness or emergency personal necessity, then it must be returned to your supervisor immediately upon your return. If on extended leave, an off-work order and/or written request must be submitted estimating the time and leave to dock; this must be followed weekly by this absence report showing the actual days absent.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Please forward signed original to Payroll.