

**BONSALL UNIFIED SCHOOL DISTRICT  
LEAVE OF ABSENCE REPORT OR REQUEST  
CLASSIFIED STAFF ONLY**

ID# \_\_\_\_\_ Employee Name \_\_\_\_\_

Position Title \_\_\_\_\_ Circle Site: BES BW SMS VBCS BHS DO

Dates of Absence:	Hour(s):	Time Leaving Work or Time Arriving to Work
____/____/____	# of hours _____	_____
____/____/____	# of hours _____	_____
____/____/____	# of hours _____	_____

**TYPE OF REQUEST:**

- Sick Time *be aware, sick / personal necessity and personal business are all part of sick time*
- Bereavement  3 days (within 150 miles)  5 days (out of state or more than 150 miles) due to the death of my \_\_\_\_\_
- Jury Duty *attach jury duty summons to request form*
- District Business *provide name of conference or workshop in remarks section*
- School Business *provide reason in remarks section*
- Personal Necessity *explain in remarks section*
- Industrial Accident/Illness *forms are available in the district office*
- Vacation

*Remarks:*

- **Sick Time** for the employee or to attend to an illness of a child, parent, or spouse of the employee as defined in Article 13.4 (after 5 consecutive days, medical verification is necessary)
- **Bereavement** - Every classified unit member is entitled to a leave of absence, not to exceed three (3) days, or five (5) days if the unit member is required to travel to a destination out-of-state or more than 150 miles from the unit member's residence (one way), on account of the death of any member of **the immediate family**.
- **Personal Necessity** (with reason) -This type of leave may be given at full pay, with prior approval when possible, for compelling personal circumstances which are serious in nature; cannot be expected to be disregarded; cannot be dealt with during off duty hours; and cannot be anticipated although verification may be required from your supervisor.
- **Jury Duty** (reimburse district for fees received, do not include mileage)
- **Vacation** (10-11 month employees should schedule this when school is not in session)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Supervisor's Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date