

Bonsall Union School District  
**LEAVE OF ABSENCE REQUEST  
CERTIFICATED STAFF ONLY**

Employee Name \_\_\_\_\_ Circle Site: BES BW SMS VBCS BHS

Leave of absence for \_\_\_\_\_ (Date)  full day  half day  am  pm

Name of Substitute Requested \_\_\_\_\_  
 verified by teacher  
 not verified by teacher

**CHECK ONE OF THE FOLLOWING:**

**Sick Day(s) are deducted: ARTICLE 10**

\_\_\_\_\_ Illness as defined in Article 3 (after 5 days, medical verification is necessary)

\_\_\_\_\_ Personal Necessity \_\_\_\_\_

Teachers may request up to seven (7) days of personal leave per year's annual sick leave accrual without explanation (per diem salary less cost of substitute).

**Sick Day(s) are deducted until verified:**

\_\_\_\_\_ Jury Duty (endorse or pay fees received to the district)

\_\_\_\_\_ Industrial Accident or Illness (forms are available in the district office)

**Sick Day(s) not deducted:**

\_\_\_\_\_ Bereavement because of the death of my \_\_\_\_\_  
(within 150 miles - 3 days; out of state or more than 150 miles- 5 days)

\_\_\_\_\_ District \_\_\_\_\_ School Business

\_\_\_\_\_  
**Name of conference or workshop or reason for roving sub**

\_\_\_\_\_  
**LCAP Goal (#1, #2, or #3)**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Approval

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date