



## Rosemead School District

### Absence Request and Supervisor Approval Form

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

Employee Type (Select):  Certified  Classified  Confidential  Management Site/Dept.: \_\_\_\_\_

Date(s) of absence: From: \_\_\_\_\_ To: \_\_\_\_\_ Total of \_\_\_\_\_ day(s)/hour(s) absent from work. Charge \_\_\_\_\_ day(s) and/or \_\_\_\_\_ hour(s) as follows - (select below):

**SICK LEAVE**  
(The district may require a doctor's verification for illnesses exceeding five (5) consecutive days.)

**PERSONAL NECESSITY LEAVE** (with pay)  
(Minimum 24-hour Advance Notice Required. PN is deducted from Sick Leave. Not to exceed: seven (7) days per year)

**MEDICAL LEAVE**  
(Please Check one:  Maternity/Paternity/Adoption;  FMLA;  Personal Medical Disability;  Other  
(Please use "**REMARKS**" box below to include the following details: **Date of Last Work day**. Attach Medical Report / Work Status, if applicable)

**BEREAVEMENT LEAVE** (immediate family member, refer to Collective Bargaining Agreements)  
(Please use "**REMARKS**" box below to include the following details: Name and Relationship to deceased, date of death, City/State/Country of deceased)

**INDUSTRIAL ACCIDENT LEAVE (WORKER'S COMP)** – (Please use "**REMARKS**" box below to include the follow details: **Original Date of Incident**). Requires verification documentation from physician.

**CONFERENCE/WORKSHOP** (Preapproval required by Superintendent, if request meets threshold. Board Approval is required, if request is above threshold.)  
(Please use "**REMARKS**" box below to include the follow: Name of Conference, date(s), and Location-City/State)

**VACATION LEAVE**  
(Applicable to **Classified Employees** - based on accrual availability)

**JURY DUTY**  
(Please attach Jury Duty Certificate of Attendance)

**PERSONAL LEAVE** (without pay)  
(Please include start & end date(s) in "**REMARKS**" box below)

**OTHER** (i.e. negotiations, adoption, etc.)  
(Describe circumstance of leave in "**REMARKS**" box below)

**REMARKS** – Please give complete details. Use reverse side if more space is needed:

I certify that on the above listed date(s), I was absent for the reason(s) stated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

#### IMMEDIATE SUPERVISOR APPROVAL

Supervisor's Signature		Date		____ Approved	____ Denied
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#### DISTRICT OFFICE APPROVAL/TIME TRACKING

Superintendent/ Asst. Supt Signature		Date		____ Approved	____ Denied
For Payroll Use		For HR Use		Sup't Ofc Use	