

**ACADEMIC STAFF PERSONAL NECESSITY LEAVE FORM
SCEA UNIT MEMBERS ONLY**

Personal Necessity Leave (PNL) is the portion of an employee's illness leave that can be used for reasons other than those specified under illness leave. An employee must have both enough sick leave and personal necessity leave for a request to be approved. Before the utilization of personal necessity leave, a Unit Member must make every effort to obtain prior approval from their immediate supervisor.

Name: _____ **Colleague ID:** _____

Date(s) Requested: _____ **Total Hours Requested:** _____

I am requesting PNL, in accordance with Article V (5.14) of the [SCEA Collective Bargaining Agreement](#), for the following reason:

- ☐ The death or serious illness of a member of the employee's immediate family. *
- ☐ An accident which is unforeseen involving the Unit Member's person or property, or the person or property of a Unit Member's immediate family. *
- ☐ Personal matters that cannot be taken care of outside the Unit Member's working hours.
- ☐ Other personal necessities which are allowed at the discretion of the Superintendent/President or designee.

**5.14.5: The immediate family is defined as mother, step-mother, father, step-father, grandmother, grandfather, or a grandchild of the Unit Member or of the spouse of the Unit Member, and the spouse, son, step-son, son-in-law, daughter, stepdaughter, daughter-in-law, brother or sister of the employee, or any person for whom the Unit Member has been designated as a legal guardian or any relative living in the immediate household of the Unit Member, close personal friend, or domestic partner*

CERTIFICATION: I acknowledge that under no circumstances shall leave be available for purposes of personal convenience or for the extension of a holiday or a vacation period, for matters which can be taken care of outside the work hours, or for recreational activities. If approved, the Personal Necessity Leave will be or was used only for the purpose set forth above.

Unit Member's Signature

Date

Department/School

DEPARTMENT REVIEW

☐ Personal Necessity Leave Approved

☐ Personal Necessity Leave Not Approved

Supervisor's Signature

Date

Supervisor's Comments (optional):

SUPERVISOR: Send to Payroll with Absence Report and forward completed form to Human Resources