

CLASSIFIED STAFF
REQUEST FOR PERSONAL NECESSITY LEAVE

I, _____ hereby request Personal Necessity Leave on _____.
(Print Name) (Dates)

_____ hour(s) as prescribed in Education Code Section 88207, for one of the following reasons:

The death of a member of my immediate family when additional leave is required beyond that provided by Bereavement Leave.

The result of an accident involving my personal property or property of my immediate family.

Personal matters that cannot be taken outside my working hours.

The serious illness of a member of my immediate family. Serious illness is defined as an illness of such nature that the immediate presence of the employee is required.

The appearance in any court or before any administrative tribunal as a litigant party or witness, under subpoena or any order made with jurisdiction.

Other personal necessity which is allowed at the discretion of the Superintendent/President or designee.

I certify that the personal necessity leave, if approved, will be or was used only for the purpose set forth above.

Employee's Signature Date Staff ID# Department/School

I certify that I have submitted the time requested through Colleague Self-Service

Personal Necessity leave Approved

Personal Necessity Leave Not Approved

Cognizant Administrator/Supervisor

Date

I certify that I have approved or denied this request in Colleague Self-Service

*If this leave is not approved you must make other arrangements to cover this absence, or it will be reported to Payroll as "Personal Leave Without Pay"