



ACADEMIC STAFF  
REQUEST FOR PERSONAL NECESSITY LEAVE

I, \_\_\_\_\_ hereby apply for Personal Necessity Leave on \_\_\_\_\_  
Print Name Date (s)

\_\_\_\_\_ for the following reason:  
Number of work days or hours

\_\_\_\_\_ The death or serious illness of a member of my immediate family.

\_\_\_\_\_ The result of an accident which is unforeseen involving my personal property or the property of my immediate family.

\_\_\_\_\_ Personal matters that cannot be taken care of outside my working hours.

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

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

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

\_\_\_\_\_  
Department/School

Personal Necessity Leave Approved

Personal Necessity Leave Not Approved

\_\_\_\_\_  
Cognizant Administrator/Supervisor

\_\_\_\_\_  
Date