



4400 Cathedral Oaks Road
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(805) 964-4711 • FAX: (805) 964-4712

FP: _____ (Name)

Certificated Leave Request

Name _____ Department _____

Amendment ¹ Purpose: _____

I request permission to be on leave: I was absent:

from: _____ through _____ Total Hours _____ (OR) Total Days _____
Day and Date Day and Date

Sick Leave _____ <i>(Includes doctor/dental appointments)</i>	Absent without Pay ³ _____	Jury Duty _____
Personal Necessity ² _____	Bereavement Leave ² _____	Release Time _____ <i>(Purpose:)</i>
Personal Compelling ² _____	Relationship _____	_____
	Industrial Injury _____	Off Contract _____

Signature _____ Date _____

Approved Disapproved Immediate Supervisor _____ Date: _____

Approved Disapproved Department Head _____ Date: _____

¹ If there is a change in the requested time and the time actually taken, an amended Leave Request form must be submitted.

² Refer to Santa Barbara County Education Association Agreement.

³ Absence without pay may result in your receipt of less than a full year of STRS/PERS service credit for the current year.

FP: Posted to FileMaker Pro/SBCEOHR (dept./Fiscal use)