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FP: _____ (Name)

Probationary ²
Permanent

Classified 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 ² _____
(Includes doctor/dental appointments)
Personal Necessity _____
Personal Compelling _____
Other Entitlement _____

Absent without Pay ³ _____
 Check here if substituting
in another position.
Bereavement Leave _____
Relationship _____
Compensatory Time _____

Industrial Injury _____
Jury Duty _____
Release Time _____
(Purpose:)
Vacation ² _____

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 During probationary period, vacation and/or sick leave not to exceed six (6) days or proportionate amount entitled. If probation is not completed, all un-earned vacation and sick leave taken will be deducted from employee's subsequent pay warrant.

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

For more information regarding types of leave, reference Personnel Commission Rules.

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

Distribution:
Obtain approval signatures, save this file for your records and send original to Fiscal Services.