

FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

EMPLOYEE LEAVE REQUEST AUTHORIZATION FORM

CLASSIFIED

This form is to be completed and filed with the Immediate Supervisor prior to the date(s) of absence.

Employee Name: _____
(Please Print)

Classification: _____

Employee ID#: _____

Location: _____

#	Type of Absences	Date(s)	Time (From-To) (If less than full day)	# of Hours (If less than full day)	Posted to T&A
<u>TIMEKEEPER TO INPUT:</u>					
1)	Vacation Leave	_____	_____	_____	_____
2)	Sick Leave	_____	_____	_____	_____
3)	Compensation Time Off	_____	_____	_____	_____
4)	Personal Necessity*	_____	_____	_____	_____
	<small>(Deduct from Sick Leave - Must be approved 3 days prior to the leave; require description below (a))</small>				
5)	Jury Duty	_____	_____	_____	_____
	<small>(Submit Court Document Upon Completion)</small>				
6)	Bereavement	_____	_____	_____	_____
	<small>(3 Days Local or 5 Days Out-of-State)</small>				
7)	Medical/Dental Appt	_____	_____	_____	_____
	<small>(Deduct from Sick Leave)</small>				
8)	Military Leave	_____	_____	_____	_____
	<small>(Copy of Military Orders Required)</small>				
9)	Mandatory Time Off	_____	_____	_____	_____
	<small>Description (a): _____</small>				
<u>PAYROLL TO INPUT:</u>					
9)	Family Care Leave	_____	_____	_____	_____
	<small>(Must be approved by HR prior to leave)</small>				
10)	Family Medical Leave	_____	_____	_____	_____
	<small>(Must be approved by HR prior to leave)</small>				
11)	Unpaid Personal	_____	_____	_____	_____
12)	Half Pay Sick Leave	_____	_____	_____	_____
13)	Judicial Leave	_____	_____	_____	_____
	<small>(Court Documentation Required)</small>				
14)	Out-of-Class	_____	_____	_____	_____
15)	Workers' Compensation	_____	_____	_____	_____
16)	Other Authorized Leave:	_____	_____	_____	_____
	<small>Explain (ex. Negotiation) _____ (Example: Negotiation, School Business, Conference, Administrative, etc.)</small>				

Budget Number: _____

Approved:

Employee Signature: _____ Date: _____

Immediate Supervisor Signature: _____ Date: _____

Correction:

Timekeeper: _____ Date: _____ Item# _____ Payroll: _____ Date: _____

Immediate Supervisor Signature: _____ Date: _____