

**HUNTINGTON BEACH CITY SCHOOL DISTRICT**  
**Request for Personal Necessity/Personal Business Leave of Absence**  
**EMPLOYEE MUST REQUEST SUBSTITUTE, IF NEEDED!!**

**CERTIFICATED**

**CLASSIFIED**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

**Personal Necessity Leave:**

Reason for Absence: \_\_\_\_\_ Date(s): From \_\_\_\_\_ To \_\_\_\_\_

Number of Days: \_\_\_\_\_ Hours of Partial Day: From \_\_\_\_\_ To \_\_\_\_\_

**Personal Necessity/Personal Business Leave: No Reason Required**

Date(s): From \_\_\_\_\_ To \_\_\_\_\_ Number of Days: \_\_\_\_\_

Hours of Partial Day: From \_\_\_\_\_ To \_\_\_\_\_

**Unpaid Leave of Absence: (Send copy to Human Resources)**

Reason for Absence: \_\_\_\_\_ Date(s): From \_\_\_\_\_ To \_\_\_\_\_

Number of Days: \_\_\_\_\_ Hours of Partial Day: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Approval

**ROUTING:**

Office Mgr \_\_\_\_\_

Supervisor \_\_\_\_\_

Reference: Sec. 10.12 - HBETA Contract; Sec. 10.6 - CSEA Contract.