

CASTAIC UNION SCHOOL DISTRICT

REQUEST FOR AUTHORIZED ABSENCE

All employees MUST enter their absence(s) in the automated system (CASS). (Whether or not a substitute is needed.) This form must also be completed and submitted to your supervisor for approval. **Job #** _____

EMPLOYEE NAME (PLEASE PRINT) _____

SCHOOL or DEPARTMENT _____

INSTRUCTIONS: This form must be submitted to your supervisor **prior** to an absence for Vacation, Jury Duty, Professional Release, Personal Necessity, or Personal Leave Time. For all other reasons, submit this form to your supervisor immediately upon return to duty. **It is the employee's responsibility to enter their absence(s) in the Automated System (CASS) to secure a substitute.**

I REQUEST LEAVE OF: _____ DAYS _____ HOURS DATE(S) OF LEAVE/ABSENCE: _____

TYPE OF LEAVE (CHECK APPROPRIATE REASON)

_____ PERSONAL ILLNESS (If the absence is 5 working days or more, a verification of disability from a physician is required. Verification can also be required under other circumstances – see AR 4161.1 and 4361.1. Employees MUST use the District approved form.)

_____ PERSONAL NECESSITY (Up to 10 days per year, charged to Sick Leave.)

IMMEDIATE FAMILY ILLNESS

ADDITIONAL BEREAVEMENT LEAVE

ACCIDENT OR IMMINENT DANGER TO PROPERTY

APPEARANCE IN COURT

PN leave beyond 10 days per year MUST be approved by the Superintendent. Personal leave of 5 working days or more requires Board approval.

_____ PERSONAL BUSINESS (Limit of 2 days per year from Personal Necessity Leave, charged to Sick Leave)

ATTENTION TO UNAVOIDABLE, INEVITABLE OR INDISPENSABLE PERSONAL MATTERS WHICH CANNOT BE HANDLED OUTSIDE OF WORK HOURS. PERSONAL NECESSITY LEAVE MAY NOT BE USED TO EXTEND VACATION OR HOLIDAYS OR FOR RECREATIONAL PROGRAMS.

_____ VACATION (Classified and Confidential Management Employees Only)

_____ WORK-RELATED INJURY/ILLNESS

_____ PROFESSIONAL RELEASE TIME (School Business)

REASON: _____

CHARGE TO: _____

ACCT #: Fund _____ Resource _____ Goal _____ Function _____ Object _____ Location _____

_____ BEREAVEMENT (IMMEDIATE FAMILY, SEE CONTRACT) RELATIONSHIP _____

_____ PERSONAL REASONS (**WITHOUT PAY**) Approval from the Superintendent is required. Personal leave of five (5) working days or more requires Board Approval.

_____ JURY DUTY (ATTACH SUMMONS/SUBPOENA)

EMPLOYEE SIGNATURE _____ DATE _____

_____ APPROVED

_____ **NOT APPROVED (Supervisor must contact employee and immediately notify Payroll by sending a copy of this signed form) Employee must cancel the job in CASS.**

COMMENTS:

SIGNATURE (REQUIRED) Immediate Supervisor or Authorized Administrator _____ DATE _____