

**NEW HAVEN UNIFIED SCHOOL DISTRICT
PERSONAL NECESSITY FORM
CLASSIFIED**

In order to avoid delay in processing or loss of allowable deductions, this request should be filled out before absence, if possible. If not, it **must** be submitted to your work site writing seventy-two (72) hours after you return to duty.

NAME: _____ SS# _____ SITE: _____
 (Last) (First)

I hereby submit a statement of my absence from duty on _____ for _____ day/s or _____ hours (if less than your full work day) for personal necessity.

STATE REASONS (Refer to Article VIII, Section 3):

- a) Death, immediate family (in addition to bereavement leave)
- b) Accident, employee or immediate family
- c) Court appearance
- d) Illness, immediate family
- e) Other personal business that must occur during duty hours

NOTE: *A maximum of seven (7) days per year may be taken for Personal Business*

EMPLOYEE SIGNATURE: _____ DATE RECEIVED AT WORK SITE _____

- Approval Recommended
- Approval Recommended (Deduct from authorized leave if available)
- Not Approved
- Approval Not Recommended

Supervisor Personnel Administrator