

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.