**BAKERSFIELD CITY SCHOOL DISTRICT**
Education Center - 1300 Baker Street
Bakersfield, California 93305
Personnel Services

**REQUEST TO BE ABSENT (Including Personal Business Leave)**

**For absences up to 10 days that cannot be authorized by site administrator. Check with site administrator to determine if this form is required.**

☐ Certificated ☐ Classified Date Submitted _____

Name _____ Employee ID# _____(Obtain from your site secretary)

School/Department _____ Position _____

**Instructions to employee and site administrator:** Complete Section I for personal business leave (certificated only – deducted from personal necessity). For all other requests, complete Section II. Note: Personal leave (3 days maximum per year with substitute deduction) is authorized by site administrator and no longer requires this form.

**I. Personal Business Leave -** Fax copy to Payroll at 631-4783.

Date to be absent _____ Grade/Subject_____ Time duty day begins _____

I certify that this Personal Business Leave will not be used for personal gain, any job action, the withholding of services from the District, or for the purpose of extension of a weekend, holiday, or vacation period.

Employee Signature_____

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I certify that this Request for Personal Business Leave was received no later than the date of submission listed above.

Personal Business Leave: _____ Approved _____ 24-hr. requirement not met/Unit member may request other leave

_____ _____
Site Administrator Signature Date

**II. Other Leave Requests - Complete this section for requests other than personal business leave that cannot be authorized by the site administrator.** Note: The site administrator may approve personal necessity for the reasons listed below (retain copy of this form at site and fax copy to Payroll at 631-4783). Personal necessity requests for reasons other than #s 1 and 2 below must be referred to Personnel Services for disposition.

1. Death or serious illness of a member of the employee's immediate family (spouse, registered domestic partner, child, parent, parent-in-law, sibling, grandparent);
2. Accident involving the employee's person or property, or the person or property of the employee's immediate family.

Reason for Request (Please be specific; attach any required documentation)_____

_____

Date(s) to be absent _____ Employee Signature_____

_____ _____
Site Administrator Signature Date

**DISPOSITION - For Personnel Services use only**

Other Leave: _____ Personal Necessity (7 days maximum; deducted from sick leave)
_____ Personal Reasons ("own time;" salary deduction)
_____ Other _____
_____ Not Approved

_____ _____
Director, Personnel Services Date

Copies: Payroll; Site Administrator; Employee 9/07