

BEREAVEMENT LEAVE REQUEST

NAME OF EMPLOYEE _____ LOCATION _____

DATE(S) OF ABSENCE _____

In the event of a death in the immediate family, a unit member shall be granted bereavement leave without loss of pay for a period not to exceed three (3) days, or five (5) days if travel is required beyond a radius of 300 miles for Certificated or 250 miles for Classified or out of state (Please refer to Article XIX in the TAL Contract or Article XV in the CSEA Contract).

Family Member _____ City, State _____

Relationship to Employee _____

NOTE: Immediate family is defined in CSEA Agreement and TAL Agreement.

I CERTIFY (OR DECLARE) THAT THE FOREGOING IS TRUE AND CORRECT.

Number of Days _____
Employee's Signature _____

To the best of my knowledge the above designated Bereavement Leave was in accordance with Education Code Section 44985.

Date _____
Principal or Department Head _____

PERSONAL NECESSITY LEAVE REQUEST

NAME OF EMPLOYEE _____ LOCATION _____

DATE(S) OF ABSENCE _____

ALL EMPLOYEES OF THE LANCASTER SCHOOL DISTRICT WHO HAVE SUFFICIENT ACCUMULATED SICK LEAVE CREDIT SHALL BE ENTITLED TO USE OF ACCUMULATED PAID SICK LEAVE FOR PERSONAL NECESSITY LEAVE AS PROVIDED IN THE FOLLOWING:

You are hereby authorized to charge my personal necessity absence(s) against my sick leave account for the following reasons:

- _____1. Death of a member of his/her immediate family (a) when the number of days of absence exceeds three (3), or five (5) days if travel is required beyond a radius of 300 for Certificated or 250 miles for Classified or out of state.
Family member _____ State _____
- _____2. Accident, not otherwise chargeable to an illness or injury leave, involving his/her person or property, or the person or property of his/her immediate family (a) of such an emergency nature as to require the attention of the employee during his/her workday. (Automotive/mechanical failure does not constitute sufficient cause for the foregoing.)
Type of Accident _____ Person Involved _____
- _____3. Appearance in court (b) as a litigant or witness.
Court _____ Case Number _____
- _____4. When a member of an employee's immediate family (a) is afflicted with a contagious disease and requires the care and attendance of the employee, or when, through exposure to contagious disease, the presence at work of the employee would endanger the health of others.
Disease _____ Family member _____
- _____5. Imminent danger to the home of an employee occasioned by a factor such as flood, or fire, serious in nature, and which requires the attention of the employee during his/her work day.
Type of danger _____
- _____6. Matters (c) to include those activities or observances where the employee conscientiously believes that his/her participation wherein is necessary and requires his/her absence from duty.
Activity: _____
(MUST BE APPROVED IN ADVANCE, PER ARTICLE XX AND ARTICLE XV LEAVE PROVISIONS)
- _____7. Acute illness of a member of his/her immediate family (a) requiring professional treatment or hospitalization, and of such an emergency nature as to require the attention of the employee during his/her workday.
Reason: _____ Family Member _____
- _____8. Observance of a religious holiday.
- _____9. Other personal reasons requiring absence. (Per TAL/CSEA contract).

- NOTE:
- (a) Immediate family is defined in CSEA Agreement and TAL Agreement
 - (b) The employee shall furnish evidence of the court appearance to the department head or principal who shall in turn attach it to the time sheet.
 - (c) Matters not to include participation in employee work stoppage activities such as strikes, mini-strikes, sick outs, or employee association activities not authorized in advance by the Board of Trustees which would curtail the normal operation of the District.

Number of Days _____ Employee's Signature _____

To the best of my knowledge the above designated personal necessity was in accordance with Education Code Section 44981, and Section 45207.

Date _____ Principal or Department Head _____