

Plumas Lake Elementary School District

Leave of Absence

Employee ID: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Name (Last, First)										
Site: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Certificated <input type="checkbox"/> Classified										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">FROM DATE</td> <td style="width: 50%; padding: 2px;">TO DATE</td> </tr> <tr> <td style="padding: 2px;">/ /</td> <td style="padding: 2px;">/ /</td> </tr> <tr> <td style="padding: 2px;"># of Days</td> <td style="padding: 2px;">Hrs/Day</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Total Hours</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	FROM DATE	TO DATE	/ /	/ /	# of Days	Hrs/Day		Total Hours			<p>Physician's Certification: Normally required for absences of more than 5 days. May be required for any absence if requested by Administrator.</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="font-size: small;">I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNABLE TO WORK DURING THE ABOVE PERIOD.</p> <p style="text-align: center; border-top: 1px solid black; margin-top: 5px;"> PHYSICIANS SIGNATURE CALIF. LIC. # </p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="font-size: small;">I CERTIFY THAT THE INFORMATION STATED ON THIS FORM IS TRUE.</p> <p style="text-align: center; border-top: 1px solid black; margin-top: 5px;"> EMPLOYEE SIGNATURE DATE </p> </div> <p style="font-size: small; margin-top: 10px;">PRINCIPAL/DEPARTMENT APPROVAL DATE</p>
FROM DATE	TO DATE										
/ /	/ /										
# of Days	Hrs/Day										
	Total Hours										
<p>Office Use Only</p> <p>Job # <input style="width: 100%;" type="text"/></p> <p>Substitute Name: <input style="width: 100%;" type="text"/></p>	<p>Type of Leave:</p> <p><input type="checkbox"/> Illness, injury, disability</p> <p><input type="checkbox"/> Personal Necessity (reason): _____</p> <p><input type="checkbox"/> Personal Leave (reason): _____</p> <p><input type="checkbox"/> Bereavement Relationship: _____</p> <p><input type="checkbox"/> Personal Deduction (full daily deduction)</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> School Business (specify) _____</p> <p><input type="checkbox"/> Other Specify: _____</p>										

Personal Illness and Personal Necessity absences reported on this card are charged against the employee's sick leave bank.

Personal Necessity Leave – unlimited days of leave of absence (deducted from sick leave) may be used for following reasons:

- Death or serious illness of a member of his/her immediate family.
- Accident involving his/her person or property or the person or property of his/her immediate family.
- Appearance in any court or before an administrative tribunal as a litigant, party, or witness under subpoena or any order made with jurisdiction.

Personal Leave – may be used for the following reasons:

- Attendance at child's school function.
- Necessary business transactions which can be handled only during normal business hours.
- Religious observances.
- Personal leave may not be used for matters of purely personal convenience, recreation, or to intentionally extend holidays.
- Personal leave may not be used for concerted activity for purposes of conducting business for which the employee can be reasonably expected to receive compensation.

For sick leave, failure of the employee to obtain the certification of a licensed physician when required shall result in the absence being charged to unpaid leave, and may be grounds for disciplinary action.

In the event that there is a concerted withdrawal of services by employees, it shall be the district's policy to require a physician's certification from an employee who is absent on the date of such withdrawal or services, and who applies for sick leave benefits.