

**Plumas Lake Elementary School District
Leave of Absence
CERTIFICATED EMPLOYEES**

Name (Last, First)				Site:											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">FROM DATE</td> <td style="width: 50%; text-align: center;">TO DATE</td> </tr> <tr> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td style="text-align: center;"># of Days</td> <td style="text-align: center;">Hrs/Day</td> </tr> <tr> <td style="height: 40px;"></td> <td style="height: 40px;"></td> </tr> <tr> <td style="text-align: center;">Total Hours</td> <td style="text-align: center;"></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>		<p>Type of Leave:</p> <p><input type="checkbox"/> Illness, injury, disability</p> <p><input type="checkbox"/> Personal Necessity:</p> <hr/> <p><input type="checkbox"/> Bereavement</p> <p>Relationship: _____</p> <p><input type="checkbox"/> Personal Deduction (full daily deduction)</p> <p><input type="checkbox"/> PLTA Negotiations</p> <p><input type="checkbox"/> Union Business (specify):</p> <hr/> <p><input type="checkbox"/> School Business (specify):</p> <hr/> <p><input type="checkbox"/> Workers Comp</p> <p><input type="checkbox"/> Jury Duty</p> <p><input type="checkbox"/> Other (specify):</p> <hr/>	
FROM DATE	TO DATE														
/ /	/ /														
# of Days	Hrs/Day														
Total Hours															
<p>Office Use Only</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Job #</td> <td style="width: 90%;"></td> </tr> <tr> <td>Substitute Name:</td> <td></td> </tr> </table>				Job #		Substitute Name:		<p style="text-align: center;"><i>Under all circumstances, an employee shall verify in writing that sick leave for personal necessity was not used for vacation, recreation, seeking or engaging in other employment, to extend a holiday or weekend, or for concerted activities against the District.</i></p> <p>I CERTIFY THAT THE INFORMATION STATED ON THIS FORM IS TRUE.</p> <hr style="width: 80%; margin-left: 0;"/> <p>EMPLOYEE SIGNATURE DATE</p> <hr style="width: 80%; margin-left: 0;"/> <p>PRINCIPAL APPROVAL DATE</p>							
Job #															
Substitute Name:															

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

DEFINITIONS OF LEAVES

Sick Leave – may be used for time taken off from work by an employee to attend to an illness of a child, parent, spouse, or domestic partner of employee. The Superintendent or his/her designee may require a physician's verification of illness if an employee has been on sick leave for five (5) or more consecutive days or anytime the Superintendent or designee reasonable suspects that sick leave is being or has been abused

Personal Necessity Leave – Sick leave may be used at the employee's election, for purposes of personal necessity, provided that use of sick leave does not exceed seven (7) days in a school year. For purposes of personal necessity leave, "immediate family" means mother, father, guardian, grandmother, grandfather, brother, sister, spouse, son, son-in-law, daughter, daughter-in-law, step-child, step-parent, grandchildren, mother-in-law, father-in-law, or any relative living in the household of the employee. The employee shall not be required to disclose the reason for the personal leave but will be required to verify that it was not used for an improper purpose. The Superintendent or designee has the right to require employee verification of the use of personal necessity leave per Education Code section 44981. Under all circumstances, an employee shall verify in writing that sick leave for personal necessity was not used for vacation, recreation, seeking or engaging in other employment, to extend a holiday or weekend, or for concerted activities against the District.

Bereavement Leave – In the event of death in the immediate family of an employee five (5) days paid leave shall be granted. For purposes of bereavement leave, "immediate family" means the same as defined under personal necessity leave and also includes the grandmother, grandfather, or grandchild of the spouse of the employee.

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.