

FREMONT UNIFIED SCHOOL DISTRICT  
**REQUEST FOR LEAVE – CERTIFICATED PERSONNEL**

**TO:** HUMAN RESOURCES

**FROM:** (PRINT Employee Name) \_\_\_\_\_ (Site) \_\_\_\_\_

This form must be completed when any of the following leaves are requested. It is the responsibility of the employee to call AESOP to make or to cancel a request for a substitute. (800) 942-3767.

**Date(s) of requested leave:** \_\_\_\_\_

A. ☐ **PERSONAL NECESSITY LEAVE (SPECIAL USE OF SICK LEAVE):** Employees electing to charge up to seven (7) days personal necessity leave to their personal sick leave amount in accordance with EC 44981 and board policy shall be allowed to do so at the discretion of the employee. If such leave is taken for other than illness or death in the immediate family, accident involving his/her person or property, or the person or property of a member of his/her immediate family, appearance in court as a litigant, or as a witness under an official order, the employee shall notify his/her immediate supervisor at least 24 hours in advance.

B. ☐ **SPECIAL LEAVE:** Up to two (2) days of leave with full compensation may be granted to each employee who teaches 20 hours or more per week, who must be absent from duty because of the following reason: **(Circle one)**

1. Family illness, quarantine, or accident necessitating the unit member's presence in the unit member's immediate household and/or involving spouse or registered domestic partner, parent, child or one additional person named at the unit member's discretion who resides in the unit member's household.
2. Religious observances for recognized and established holy days.
3. Court subpoena or request to appear as a witness or defendant. **Attach a copy of the subpoena or witness notice.**

A unit member shall not be required to secure advance permission for leave taken for any of the above reasons. The District shall disallow payment for leave taken without prior permission for other reasons.

C. ☐ **BEREAVEMENT LEAVE:** A unit member shall be entitled to a minimum of three (3) days, and if travel beyond 200 miles is required, a maximum of five (5) days of bereavement leave, in addition to sick leave for death in the family with full compensation. Compensation beyond three or five days maximum, whichever is applicable, may be granted for bereavement leave at the discretion of the Superintendent. Family members are defined as spouse or domestic partner and parent, child, sibling, grandparent, grandchild, in-laws, aunt, uncle, niece, nephew, godchild or conservatee of the unit member or of the spouse or domestic partner, or anyone living in the immediate household of the unit member.  
**Circle appropriate family member.**

D. ☐ **\*PERSONAL LEAVE:** A leave for business or personal reasons may be granted with pay, without pay, or at the difference between the unit member's salary and the actual rate paid a substitute up to the long-term substitute rate, excluding the cumulative incentive pay rate, at the discretion of the Superintendent. **Prior approval by the Superintendent required before authorized use. Please attach a written explanation.**

E. ☐ **SCHOOL BUSINESS:** Such leave may be granted without loss of pay for the purpose of assigned school business. **(FUDTA Business should indicate "FUDTA" in the reason section and sent to FUDTA for budget coding purposes.)**

Reason: \_\_\_\_\_ Budget Code # \_\_\_\_\_

Program Manager's Approval \_\_\_\_\_ (Signature)

F. ☐ **\*JURY DUTY AND COURT WITNESS (OTHER THAN PERSONAL BUSINESS):** A unit member may be absent from duty to serve as a juror or when subpoenaed as a court witness in the line of civic responsibility (other than personal business) without loss of pay. Fees paid to the unit member for such services shall be payable to the District. **Attach a copy of court verification of jury or witness service.**

G. ☐ **\*MILITARY LEAVE:** Request for military leave shall be granted pursuant to provisions of the Education Code 44800 and Military and Veterans' Code 395.01 and 395.02. **Attach a copy of the orders requiring leave.**

H. ☐ **\*MATERNITY LEAVE:** Complete the Certificated Maternity Leave Request form found on the District Website under the Human Resources section. Guidelines regarding this leave can also be found on the webpage. **Attach a copy of the Certificated Maternity Leave Request Form.**

**Items noted by \* should be sent to the Certificated Personnel Office. All others should be retained at the School Site.**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RECOMMENDATIONS OF PRINCIPAL OR ADMINISTRATOR IN CHARGE:** ☐ Approval ☐ Disapproval

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DISPOSITION OF REQUEST BY PERSONNEL SERVICES** ☐ Approval ☐ Disapproval **Salary Deduction:** ☐ None ☐ Full ☐ Substitute Rate

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_