

PLEASANTON UNIFIED SCHOOL DISTRICT
Human Resources Division

REQUEST FOR LEAVE FOR CERTIFICATED AND MANAGEMENT EMPLOYEES

(Use only when prior approval is required.)

EMPLOYEE _____ ID # _____ SITE _____

I request a leave for the following day(s): _____ number of working days absent: _____

REASON FOR ABSENCE: (leaves requiring prior approval as specified in the PUSD/APT collective bargaining agreement or Management Matters)

If your leave is without pay, do you wish to continue medical and dental programs at your own expense? yes ___ no ___

Signature _____ Date _____

for office use only below this line

SUPERVISOR'S ACTION

☐ Recommended with pay ☐ Recommended without pay ☐ Not recommended

Supervisor's signature _____ Date _____

HUMAN RESOURCES' ACTION

☐ No salary deduction
☐ Full salary deduction
☐ Partial salary deduction

Charge to:

☐ Sick leave
☐ Other _____

Approved _____ Date _____

Denied _____ Date _____

BOARD OF TRUSTEES' ACTION

☐ Approved ☐ Denied Date _____