



4400 Cathedral Oaks Road
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ESC: _____ (Name)

Certificated Leave Request

Name _____ ID# _____ Department _____

Amendment ¹ Purpose: _____

I request permission to be on leave: I was absent:
from: _____ through _____ Total Hours _____ (OR) Total Days _____
Day and Date Day and Date

Sick Leave _____ <i>(Includes doctor/dental appointments)</i>	Absent without Pay ³ _____	Jury Duty ² _____
Personal Necessity ² _____ Purpose _____	Bereavement Leave ² _____ Relationship _____	Release Time _____ Purpose _____
Personal Compelling ² _____	Industrial Injury ² _____	Off Contract _____

Signature _____ Date _____

Approved Disapproved Immediate Supervisor _____ Date: _____

Approved Disapproved Department Head _____ Date: _____

¹ If there is a change in the requested time and the time actually taken, an amended Leave Request form must be submitted.
² For more information regarding types of leaves, refer to exclusive bargaining unit agreement and/or Board Policy as applicable.
³ Absence without pay may result in your receipt of less than a full year of STRS/PERS service credit for the current year, and/or contribution to benefits.

ESC: Posted to ESCAPE (dept./Fiscal use)