



4400 Cathedral Oaks Road
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ESC: _____ (Name)

Probationary ²
Permanent

Classified 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 ² _____
(Includes doctor/dental appointments)
Personal Necessity ⁴ _____
Purpose _____
Personal Compelling ⁴ _____
Purpose _____

Absent without Pay ³ _____
 Check here if substituting
in another position.
Bereavement Leave ⁴ _____
Relationship _____
Compensatory Time _____

Industrial Injury _____
Jury Duty ⁴ _____
Release Time _____
Purpose _____
Vacation ² _____

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 During probationary period, vacation and/or sick leave not to exceed six (6) days or proportionate amount entitled. If probation is not completed, all unearned vacation and sick leave taken will be deducted from employee's subsequent pay warrant.
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.
⁴ For more information regarding types of leave, refer to Personnel Commission Rules, exclusive bargaining unit agreement, and/or Board Policy as applicable.
ESC: Posted to Escape (dept./Fiscal use)