

**COLUMBIA UNION SCHOOL DISTRICT**

22540 Parrotts Ferry Rd.  
Columbia, CA 95310  
(209) 533-7700

**REQUEST FOR LEAVE**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I request leave on the following date(s)

		<b>Total # Days / or Hours</b>
From _____	to _____	_____ / _____
_____	to _____	_____ / _____
_____	to _____	_____ / _____
_____	to _____	_____ / _____
_____	to _____	_____ / _____
_____	to _____	_____ / _____

Substitute Requested:  YES  NO  Preferred Sub: \_\_\_\_\_

<b>Type of Leave:</b>
<input type="checkbox"/> Personal Necessity (reason): _____ <input type="checkbox"/> Sick Leave <input type="checkbox"/> Jury Duty <input type="checkbox"/> Bereavement (relationship): _____ <input type="checkbox"/> School Business (type): _____
<b>CLASSIFIED ONLY</b>
<input type="checkbox"/> Vacation <input type="checkbox"/> Comp Time <input type="checkbox"/> Floating Holiday

**The above is true to the best of my knowledge.**

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
<div style="display: flex; justify-content: space-between;"> <span>Approved _____</span> <span>Denied: _____</span> </div>
Supervisor's Signature: _____ Date: _____

Distribution:  Personnel  File  Employee Copy