

# FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

## EMPLOYEE LEAVE REQUEST AUTHORIZATION FORM

### MANAGEMENT

This form is to be completed and filed with the Immediate Supervisor prior to the date(s) of absence.

Employee Name: \_\_\_\_\_ Classification: \_\_\_\_\_  
(Please Print)

Employee ID#: \_\_\_\_\_ Location: \_\_\_\_\_

#	Type of Absences	Date(s)	Time (From-To) (If less than full day)	# of Hours (If less than full day)	Posted to T&A
<b><u>TIMEKEEPER TO INPUT:</u></b>					
1)	Vacation Leave	_____	_____	_____	_____
2)	Sick Leave	_____	_____	_____	_____
3)	Compensation Time Off	_____	_____	_____	_____
4)	Personal Necessity*	_____	_____	_____	_____
	(Deduct from Sick Leave - Must be approved 3 days prior to the leave; require description below (a))				
5)	Jury Duty	_____	_____	_____	_____
	(Submit Court Document Upon Completion)				
6)	Bereavement	_____	_____	_____	_____
	(3 Days Local or 5 Days Out-of-State)				
7)	Medical/Dental Appt	_____	_____	_____	_____
	(Deduct from Sick Leave)				
8)	Military Leave	_____	_____	_____	_____
	(Copy of Military Orders Required)				
9)	Mandatory Time Off	_____	_____	_____	_____

Description (a): \_\_\_\_\_

<b><u>PAYROLL TO INPUT:</u></b>					
9)	Family Care Leave	_____	_____	_____	_____
	(Must be approved by HR prior to leave)				
10)	Family Medical Leave	_____	_____	_____	_____
	(Must be approved by HR prior to leave)				
11)	Unpaid Personal	_____	_____	_____	_____
12)	Half Pay Sick Leave	_____	_____	_____	_____
13)	Judicial Leave	_____	_____	_____	_____
	(Court Documentation Required)				
14)	Out-of-Class	_____	_____	_____	_____
15)	Workers' Compensation	_____	_____	_____	_____
16)	Other Authorized Leave:	_____	_____	_____	_____
	Explain (ex. Negotiation)				
	(Example: Negotiation, School Business, Conference, Administrative, etc.)				

Budget Number: \_\_\_\_\_

**Approved:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Correction:**

Timekeeper: \_\_\_\_\_ Date: \_\_\_\_\_ Item# \_\_\_\_\_ Payroll: \_\_\_\_\_ Date: \_\_\_\_\_

Immediate Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_