



ESC: _____ (Name)

Probationary ²

Permanent

4400 Cathedral Oaks Road
P.O. Box 6307
Santa Barbara, California 93160-6307
(805) 964-4711 • FAX: (805) 964-4712

Classified Absence 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 _____

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)