



SANTA BARBARA
County Education Office
Susan C. Salcido, Superintendent

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

ESC: _____ (Name)

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

Absent without Pay ³ _____
Bereavement Leave ² _____
Relationship _____
Industrial Injury ² _____

Jury Duty ² _____
Release Time _____
Purpose _____
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)