

ADVANCE REQUEST / NOTICE FOR LEAVE

MODOC COUNTY OFFICE OF EDUCATION
Mike Martin, Superintendent
139 Henderson St.
Alturas, CA 96101
(530) 233-7103

Name: _____ Site: _____

Date(s) of Anticipated Absence: _____

PLEASE CHECK ONE:

*PERSONAL LEAVE _____ (Maximum 3 days per year)
(Not Deducted From Sick Leave) This form to be submitted 24 hours in advance when possible.

*PERSONAL NECESSITY LEAVE _____ (Maximum 7 days per year)
(Deducted From Sick Leave) This form to be submitted 24 hours in advance when possible.

Please Provide Explanation _____
(To be granted at the discretion of management as per contract)

ASSOCIATION LEAVE _____

Please Provide Explanation _____
(To be granted at the discretion of management as per contract)

INSERVICE _____

Please Provide Explanation _____
(To be granted at the discretion of management as per contract)

VACATION _____ (Central Office Only)

NON DUTY DAYS _____ (Management Only)

OTHER _____

Employee Signature: _____ Date: _____ Hours Absent _____

*More than two (2) employees from one school site using personal leave or personal necessity leave on the same day is subject to prior approval by the Supervisor.

Early submission of the Advance Request / Notice for Leave form is recommended.

Supervisor or Designee Signature: _____ Date: _____

Return this form to the Human Resources Administrative Assistant.

Date Received