

## CSEA Leave Request Form

All absences should be requested and approved prior to the leave being taken except in emergencies. In addition, an attendance report is to be submitted to payroll by the 10<sup>th</sup> of the month.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

I request (type of leave):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sick*              | <input type="checkbox"/> Bereavement       | <input type="checkbox"/> Unpaid Leave              |
| <input type="checkbox"/> Personal Necessity | <input type="checkbox"/> Parental Leave    | <input type="checkbox"/> FMLA/CFRA                 |
| <input type="checkbox"/> Jury Duty          | <input type="checkbox"/> Military Leave    | <input type="checkbox"/> Personal Business         |
| <input type="checkbox"/> Vacation           | <input type="checkbox"/> Compensatory Time | <input type="checkbox"/> Diversity Recognition Day |

for \_\_\_\_\_ day (number of hours/days) \_\_\_\_\_ (dates).

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\*Sick leave may require medical certification. Please refer to the collective bargaining contract: CSEA Article's 6.8 Compensatory Time, 12 Vacation & 13 Absences from Work.

**Please forward a copy of all leave requests, except vacation and personal, to Human Resources.**