Please complete a leave request anytime you do not complete your scheduled work hours. If at all possible, leave requests need to be approved prior to taking time off work.

Name: ____________________________ S# 00 ____________________________ Date: ______________

☐ Sick Leave*
☐ Vacation
☐ Personal Necessity*

Choose One of the following Personal Necessity Qualified Leaves
☐ Death of Immediate Family Member* (Please indicate relationship) ________________
☐ Accident or Illness* (Please indicate relationship and/or property) ________________
☐ Court Appearance*
☐ No Tell*
☐ Paternity*

☐ Jury Duty* (Attach copy of jury summons)
☐ Industrial Leave (Worker’s Comp)*
☐ Bereavement* (Please indicate relationship)

☐ Without Pay (Please indicate reason)

Permission is requested to be off-campus on the following date(s). The time is to be deducted from the accumulated leave indicated above.

<table>
<thead>
<tr>
<th>Date/Time of class</th>
<th>Course Missed</th>
<th>Class Canceled?</th>
<th>Class Covered/if yes by Whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________</td>
<td>_____________</td>
<td>__Yes __No</td>
<td>____________________________</td>
</tr>
<tr>
<td>________________</td>
<td>_____________</td>
<td>__Yes __No</td>
<td>____________________________</td>
</tr>
<tr>
<td>________________</td>
<td>_____________</td>
<td>__Yes __No</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

If you are full-time faculty, were you absent the entire day? __Yes __ No

________________________________________________________________________

Faculty Signature

________________________________________________________________________

Date

☐ Approve ☐ Disapprove

Dean: ________________________________

☐ Approve ☐ Disapprove

VP, AA: ________________________________

*Definitions on Back

Revised 5/4/22
DEFINITIONS

**Sick Leave** – Hours deducted from Sick Leave. Sick leave shall be used if an employee is sick or injured or for personal medical appointments.

**Personal Necessity** – Hours deducted from Sick Leave. Full-time faculty members may use up to six (6) days of personal necessity. Part-time faculty members may use up to a maximum of six (6) hours of personal necessity leave per semester.

**Death of Immediate Family Member** – If leave is needed in excess of Bereavement Leave, Personal Necessity Leave may be taken up to the limit.

**Accident or Illness** – Accident or illness involving the employee’s person or property, or the person or property of a member of his/her immediate family

**Court Appearance** – Appearance in any court or before any administrative tribunal as a litigant, party or witness under subpoena or any order made with jurisdiction

**Paternity** – A male employee shall be eligible for paid or unpaid leave of up to sixteen (16) days at the time of birth of his child. Leave shall initially be charged against Personal Necessity leave. If Personal Necessity leave balances have been exhausted, and additional time is desired, the employee may take the remainder of time up to the sixteen-day limit as unpaid leave.

**No Tell** – Four of the six days available for personal necessity may be used due to reasons of a personal nature. The employee may maintain confidentiality by declining to state the nature of the personal necessity leave request. Advance notice to the supervisor is required, except in emergencies.

**Jury Duty** – Employees shall be entitled to as many days of paid leave as necessary for appearances in response to service as a juror before any duly convened court of law or Grand Jury. Not deducted from any leave.

**Industrial Leave (Worker’s Compensation)** – Industrial accident or illness leave means any injury or illness whose causes can be traced to the performance of services for the District. An employee shall be entitled, upon attainment of permanent employment status in the District, to sixty (60) days noncumulative industrial accident or illness leave per year. Until such time as an employee receives notification that their injury qualifies for industrial leave, leave hours must be charged to sick leave.

**Bereavement** – On account of the death of any member of his/her immediate family, an employee shall be granted paid leave not to exceed three (3) total days or five (5) days if out-of-state travel is required or if travel in excess of a three hundred (300) mile radius from the College of the Siskiyous, Weed campus is required.

**Immediate Family** – For purposes of this Article, "immediate family" means the mother, father, grandmother, grandfather, or a grandchild of the employee or of the spouse of the employee, and the spouse, son, son-in-law, daughter, daughter-in-law, brother or sister of the employee, child, step-parents, step-children, brother-in-law, sister-in-law, of the employee or of the spouse of the employee, or any person living in the immediate household of the employee or spouse.