



DUBLIN UNIFIED SCHOOL DISTRICT
CLASSIFIED EMPLOYEE
TIME OFF REQUEST

Exhibit K

Directions: Submit to supervisor at least ten (10) days in advance except under extenuating circumstances and explain under comments.

Name: _____ Date Submitted: _____

Location: _____ Position: _____

Check The Appropriate Box Below

<input type="checkbox"/> Vacation (twelve (12) month employees & 200 day employees)	<input type="checkbox"/> Personal Necessity (maximum 7 days per year) Reason per contract Article 20.10.1a-c: _____ _____
<input type="checkbox"/> Bereavement (3 days or 5 days if over 300 miles traveled) See Article 20.2 for list of immediate family members Relationship _____ Miles Traveled _____ City/State _____	
<input type="checkbox"/> Compensatory Time Off	<input type="checkbox"/> Other Personal Necessity: (3 days maximum from allocated 7 days of PN per year) No reason required per contract Article 20.10.1d
<input type="checkbox"/> Other Leave _____ Specify _____	

Employee

Date(s) Requested: _____

From: _____ Through: _____ Number of Hours: _____

Employee's Comments:

Supervisor

Approved Reschedule Not Approved

Supervisor's Comments:

Employee's Signature Supervisor's Signature Date

Copy Distribution: White – Supervisor Yellow – Payroll Pink – Employee