

SAN JOSE·EVERGREEN COMMUNITY COLLEGE DISTRICT

Leave Request Form

All absences should be requested and approved prior to the leave being taken except in emergencies

Name: _____

Department: _____

I request (type of leave):

- ☐ Sick* ☐ Vacation ☐ Bereavement ☐ Unpaid Leave
☐ Personal Necessity ☐ Personal Business (Faculty) ☐ Long term
☐ Child rearing ☐ other (military, jury, etc.)

for _____ day (number of days) _____ (dates).

Signature of Employee

Date

Signature of Supervisor

Date

*Sick leave may require medical certification. Please refer to the collective bargaining contract:
FA Article 13
CSEA Article 13
Board Policy 2600

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