

CSEA 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):

- | | | |
|---|--|--|
| <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.