

**LEAVE REQUEST
ATA BARGAINING UNIT MEMBER**

With the exception of the signature line, please print all information

Name _____ Location _____ Position _____

Dates of Requested Leave _____ Number of **hours** absent _____

Please check:

Substitute Requested: Yes _____ No _____ With Pay _____ Without Pay _____

Reason for Requested Leave (check the appropriate box)

Illness (for predetermined situation(s), doctor’s affidavit must be attached)

Reason: _____

Personal Necessity (refer to ATA Contract Article X.7)

Bereavement

Relationship (refer to ATA Contract Article X.8): _____

If Significant Other, please explain relationship: _____

Government Order (copy of orders must be attached) (refer to ATA Contract Article X.11)

Family Medical Leave (refer to ATA Contract Article X.12) – Copy of doctor’s note must be attached.

Reason: _____

California Family Rights Act (CFRA)/Parental or Child Bonding Leave (refer to ATA Contract Article X.13)
- Supporting documents must be attached.

ATA Association business

Personal (**NO SALARY**) (must be approved in advance) (refer to ATA Contract Article X.10)

Reason: _____

NOTE: Your email access will be disabled while you are on unpaid leave of absence.

I verify that I have read the applicable Contract Article(s) and that this request is in compliance.

Signature of Employee

Date

Supervisor’s Recommendation: Absence Approved _____ Absence Disapproved _____

Signature of Supervisor

Date

Human Resources Recommendation: Absence Approved _____ Absence Disapproved _____

Signature of Human Resources Administrator

Date

The Assistant Superintendent-Human Resources may request the reason for the absence.