

Jurupa Unified School District
REQUEST FOR SPECIAL LEAVE
CLASSIFIED EMPLOYEES

“Limited leave for business or personal reasons may be granted with pay, with pay with deduction of sick leave, or without pay at the discretion of the Superintendent or his/her authorized representative. Requests for Special Leave shall, if possible, be submitted to the Personnel Office at least three (3) days prior to the first day of leave requested.”

Employee’s Name _____ Date _____
(please print)

Position _____ Location _____

I am requesting Special Leave beginning on _____ and ending on _____
(date) (date)

_____ for a total of _____ work hours.
(date)

Check the appropriate option listed below:

- _____ I request Special Leave with pay with deduction of sick leave.
- _____ I request Special Leave with pay.
- _____ I request Special Leave without pay.

The specific reasons for this request are as follows:

If your leave request is with pay or with use of sick leave, explain why you feel that you should be paid or be allowed to use accumulated sick leave:

Employee’s Signature Date

Note: Forward this request to the Personnel Office at least three (3) days prior to the first day of leave requested and leave a copy with your immediate supervisor.