

Dixon Unified School District Human Resources Services

CERTIFICATED REQUEST FOR LEAVE

PART I – TO BE COMPLETED BY EMPLOYEE

BEGIN DATE NARRATIVE EXPLANATION OF REQUEST AND REASON. IF MEDICAL, DOCTOR'S NOTE IS ATTACHED SUPPORTING DOCUMENT, IF APPLICABLE *INCOMPLETE APPLICATION MAY DESCRIPTION MAY DESCRIPTION DESCRIPTION DE COMPLETED BY HUMAN RESOURCE	EMPLOYEE SIGNATURE DELAY PROCESSING*
IF MEDICAL, DOCTOR'S NOTE IS ATTACHED ☐ SUPPORTING DOCUMENT, IF APPLICABLE *INCOMPLETE APPLICATION MAY D	EMPLOYEE SIGNATURE DELAY PROCESSING*
SUPPORTING DOCUMENT, IF APPLICABLE *INCOMPLETE APPLICATION MAY D	DELAY PROCESSING*
*INCOMPLETE APPLICATION MAY D	
PART II – TO BE COMPLETED BY HUMAN RESOURCE	S
☐ APPROVED: ☐ With Pay ☐ Without Pay ☐ With Differential or 50% Pay, ☐ Other:	
Pregnancy Leave Maternit Personal Necessity Leave Bereave	and Official Appearances
DENIED	
EXPLANATION:	
COMMENTS:	AUTHORIZATION SIGNATURE
	NAME & TITLE

DATE

Copies: Employee, Payroll, Supervisor, HR