

**Oak Park Unified School District  
Classified Employee**

**Check One:**    **Personal Necessity Request**     **Vacation Request**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Work Location: (Check One)**

- |                                          |                               |                               |                               |
|------------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> District Office | <input type="checkbox"/> OVHS | <input type="checkbox"/> BES  | <input type="checkbox"/> OHES |
| <input type="checkbox"/> ROES            | <input type="checkbox"/> MCMS | <input type="checkbox"/> OPHS | <input type="checkbox"/> OPNS |

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**Personal Necessity Request**

I hereby request that \_\_\_\_\_ days or \_\_\_\_\_ hours of Personal Necessity Leave be charged against my accumulated sick leave. I will be absent the following days.

\_\_\_\_\_

**Reason for absence** \_\_\_\_\_

*Note: A Classified employee may not use more than 8 PN days (if available) in one school year*

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**Vacation Request**

- Dates requested:**
- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_

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Approved     Disapproved

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date