

**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/OPIS | <input type="checkbox"/> BES | <input type="checkbox"/> OHES |
| <input type="checkbox"/> ROES | <input type="checkbox"/> MCMS | <input type="checkbox"/> OPHS | <input type="checkbox"/> OPNS |

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 _____

Dates requested PN: _____

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

Vacation Request

Dates requested: 1) _____

 2) _____

 3) _____

Approved Disapproved

Employee's Signature

Date

Supervisor's Signature

Date