

OAK PARK UNIFIED SCHOOL DISTRICT
PERSONAL NECESSITY/EXHAUSTED SICK LEAVE/BEREAVEMENT REQUEST
Certificated Employee

Request for absence under this section will be granted only in the case of personal necessity requiring the immediate attention of the employee. Such absences are to be approved by the supervising administrator except in the case of emergency.

Personal Necessity Leave – An employee shall be entitled to Personal Necessity Leave as described in Article 14 of the certificated contract. Leave granted under this section shall be deducted from the employee’s cumulative Personal Illness Leave entitlement. Under all circumstances of Personal Necessity Leave, a teacher shall verify in writing that the leave was used only for purposes as set forth in the contract. Personal Necessity Leave shall not be granted to extend a vacation or school holiday for recreational purposes.

I hereby request that _____ day(s) of Personal Necessity Leave be charged against my accumulated Personal Illness Leave. I will be absent on the following date (s) _____

The reason for this absence is:

- A. Death or illness of any member of my immediate family.
- B. Accident involving my person or property or the person or property of a member of my immediate family.
- C. Imminent danger or threat of danger to my home.
- D. Delay in returning to or arriving at work due to unavoidable circumstances.
- E. Other important matters of personal necessity, including religious observances, which cannot be handled outside normal working hours.

Exhausted Sick/Personal Necessity/ Leave- If a unit member has exhausted all ten (10) accruable personal illness and injury days, the two (2) additional days and has no accumulated sick days, the District will allow a bargaining member upon request, up to eight (8) additional sick or personal necessity days to be paid at the difference between their daily rate of pay and the substitute pay.

I hereby request that _____ day(s) of Exhausted Sick or Personal Necessity Leave (circle one) be paid at the difference between my daily rate of pay and the substitute pay. I was/will be absent on the following date (s). _____

Bereavement Leave – An employee shall be entitled to Bereavement Leave in the event of death in the immediate family if used within two months of the event. Leave shall be for up to three (3) days or up to five (5) days if travel outside a 350-mile radius from the District office is required, to attend and/or arrange for a funeral. Bereavement Leave need not be taken in consecutive days. Leave may be granted after two months by the Assistant Superintendent of Human Resources if requested for a specific memorial event, and shall not be denied arbitrarily or capriciously. Bereavement Leave is not deducted from Personal Necessity Leave or Personal Illness Leave.

I hereby request _____ day(s) of Bereavement Leave beginning on _____

Relationship of deceased to employee _____

Employee Name: _____

Employee’s Signature _____ Work Location _____

Date _____ Approved _____ Disapproved _____ Signature/

Supervisor _____ Date _____

Approved/Disapproved Copy Distribution To:

Payroll

Office Manager

Employee