

**CLASSIFIED  
PERSONAL NECESSITY LEAVE  
REQUEST FORM**

Name: \_\_\_\_\_

Site: \_\_\_\_\_

Pursuant to Article IX, Section B.5.b of the current Collective Bargaining Agreement, I am giving 5 (five) working days notice to the District that I will be using \_\_\_\_\_ days of Personal Necessity Leave beginning \_\_\_\_\_. Unit members are reminded that a maximum of 7 days per year of accumulated sick leave can be used for personal necessity purposes.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Site Administrator  
(Signature for information only)