

**PROFESSIONAL/SUPPORT STAFF
LEAVES AND ABSENCES**

EMPLOYEE'S LEAVE CERTIFICATE

Employee's name _____ Today's date _____

Dates of absence _____

() Sat () Sun () Mon () Tues () Wed () Thurs () Fri

Hours absent _____ Time Frame _____

- Sick Leave – Ten (10) days per year accumulable year (*see Sick Leave Policy GCCA*)
 - Self
 - Family
- *Personal Leave – Two (2) days a year, deducted from sick leave (*Policy GCCB*)
- *Vacation Leave (*12 month hourly/exempt staff only*)
- *Other (*see policy on "Other" leave GCCD*)
 - Jury Duty

Requester's signature _____ Date _____

Supervisor approval _____ Date _____

Superintendent approval _____ Date _____
(if required)

*Prior approval and confirmation by the site Principal and/or Supervisor in accordance with policy applied for at least two weeks in advance.

Note: Sick Leave document must be completed on the first (1st) duty day after return from authorized absence, if prior written approval was not obtained.