

**SISKIYOU COUNTY OFFICE OF EDUCATION**

609 South Gold Street, Yreka, CA 96097

**EMPLOYEE TIME OUT REPORT**

File this form with your immediate supervisor as directed by Bargaining Contract/Policy. The form will be forwarded to the Human Resources Department for recording.

**EMPLOYEE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TYPE OF LEAVE**

- |  |  |
|--|--|
| <input type="checkbox"/> Vacation <sup>1</sup>                 | <input type="checkbox"/> Sick Leave                      |
| <input type="checkbox"/> Personal Necessity (Check type below) | <input type="checkbox"/> Workman's Compensation          |
| <input type="checkbox"/> Bereavement <sup>2</sup>              | <input type="checkbox"/> Assigned In-service or Training |
| <input type="checkbox"/> Unpaid Leave Reason: _____            | <input type="checkbox"/> Jury Duty                       |

Personal Necessity Type: (Check 1)

- \_\_\_\_\_ Death of a member of the immediate family when additional leave is required beyond that provided by Bereavement Leave.
- \_\_\_\_\_ Accident involving an employee's person or property, or the person or property of a member of his/her immediate family.
- \_\_\_\_\_ Appearance in court as a litigant or witness under subpoena.
- \_\_\_\_\_ Serious illness of a member of the immediate family that requires the personal presence of the employee during work time.
- \_\_\_\_\_ Imminent danger to the unit member's home occasioned by an event such as earthquake, flood, fire or other disaster.
- \_\_\_\_\_ Other serious circumstances the employee cannot reasonably be expected to disregard until other than work hours.
- \_\_\_\_\_ Participation in professional development program. (Classified – Article 14.5.1g)
- \_\_\_\_\_ Participation in personal/professional development program. (Certificated – Article 10.5.1g)
- \_\_\_\_\_ Participation in child's school activities: Up to 40 hours each school year, not exceeding 8 hours in any calendar month. (L.C. 230.8)

- 1 Vacation leave may also be used by classified employees for participation in child's school activities. (L.C. 230.8)
- 2 Bereavement leave (Immediate Family Only) refers to a parent, grandparent or grandchild of employee or the spouse of the employee; and the spouse, son, son-in-law, daughter, daughter-in-law, brother or sister of the employee, or any person permanently living in the immediate household of the employee.

**TIME REQUESTED**

<b>Date(s) Requested:</b> _____	<b>Time Leaving:</b> _____	<b>Time Returning:</b> _____
_____		<b>Total Time:</b> _____
_____ <b>Employee's Signature</b>		

**APPROVAL**

- |                                     |       |
|-------------------------------------|-------|
| <input type="checkbox"/> Approve    | _____ |
| <input type="checkbox"/> Disapprove |       |
| <b>Supervisor's Signature</b>       |       |