

LOS ALAMITOS UNIFIED SCHOOL DISTRICT  
CLASSIFIED  
PERSONAL NECESSITY AND BEREAVEMENT LEAVE  
REQUEST AND VERIFICATION FORM

NAME \_\_\_\_\_  
(Please Print)

\_\_\_\_\_ School or Budget Unit

\_\_\_\_\_ Position Title

Date(s) of Absence \_\_\_\_\_

Number of Hours Absent \_\_\_\_\_

PN  PERSONAL NECESSITY  
\*Please check the appropriate item listed below  
for PN. (Limit ten (10) days per school year.)  
(Subtracted from sick leave.)

BEREAVEMENT (Not subtracted from sick leave)

maximum  Death of child, sibling, parent, spouse  
5 days

maximum  Death of employee/employee spouse's:  
3 days grandmother, grandfather, grandchildren,  
niece, nephew  
Death of employee's: father-in-law, mother-  
in-law, son-in-law, daughter-in-law,  
sister-in-law, brother-in-law, aunt, uncle  
and any relative/close personal friend living  
in the immediate household of the unit member.

- 1. Death in immediate family.
- 2. Accident involving person or property  
or same for immediate family
- 3. Paternity and/or Adoptive Leave
- 4. Illness in immediate family
- 5. Home protection-catastrophe

\*NOTE: For a request that falls within items 6, 8 and 9, the unit member shall submit, for prior approval, a request for personal necessity leave on a District approved form to the immediate supervisor normally not less than three (3) working days prior to the beginning date of the leave. The Superintendent (or designee) at her discretion, may waive the three-day prior approval.

- \_\_\_\_\_ 6. Observance of religious holiday.
- \_\_\_\_\_ 7. Bereavement for other than immediate family.
- \_\_\_\_\_ 8. \*Circumstances which meet all 4 criteria: (a) are of a serious nature, (b) can't disregard, (c) needs immediate attention, (d) can't be accommodated during off-duty hours. Please explain:

\_\_\_\_\_ 9. \*Unit members discretion (One Day) (PN is not to be used "for purposes of personal convenience or for the extension of a holiday or a vacation period, recreational activities, association activities, or for matters which can be taken care of outside the work hours.")

\_\_\_\_\_ Unit Member's Signature

\_\_\_\_\_ Supervisor's Signature

\_\_\_\_\_ APPROVED      \_\_\_\_\_ NOT APPROVED

\_\_\_\_\_ Signature (Superintendent or Designee)

Completion of this form does not eliminate the need to make your own substitute arrangements.  
Please follow the same procedure you follow when out for illness.

ROUTE TO PERSONNEL FOR APPROVAL, THEN TO PAYROLL.