

Leave Request Form

The form is essential for payroll purposes. Please fill out the form with care and return it as directed to the Director of Personnel and Human Resources.

<input type="checkbox"/> Personal Leave (See Policies 03.1231/03.2231) Date(s) _____ Total Days _____ Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vacation Leave (See Policy 03.222) Date(s) _____ Total Days _____ Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Contract Days Date(s) _____ Total Days _____	<input type="checkbox"/> Sick Leave (See Policies 03.1232/03.2232) Date(s) _____ Total Days _____ Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Check one: <input type="checkbox"/> Employee's Illness <input type="checkbox"/> Illness of Family Member <input type="checkbox"/> Mourning Is sick leave used for emergency leave purposes, per policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Maternity/Adoption/Childrearing Leave (See Policies 03.1233/03.2233) Estimated date(s) of leave _____ to _____ Check one: <input type="checkbox"/> Paid maternity leave/number of sick leave days <input type="checkbox"/> Unpaid maternity leave <input type="checkbox"/> Paid birth or adoption leave, not to exceed 30 days/number of sick leave days _____ <input type="checkbox"/> Unpaid childrearing leave _____	<input type="checkbox"/> Emergency Leave (See Policies 03.1236/03.2236) Date(s) _____ Total Days _____ Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Check one: <input type="checkbox"/> Bereavement <input type="checkbox"/> Disasters <input type="checkbox"/> Court/Legal <input type="checkbox"/> Other (specify) _____ Is sick leave used for emergency leave purposes, per policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Jury Leave (See Policies 03.1237/03.2237) Date(s) _____ Total Days _____ Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Any pay for jury duty (except expense monies) will be invoiced by the payroll department.	<input type="checkbox"/> Military/Disaster Services Leave (See Policies 03.1238/03.2238) Date(s) _____ Total Days _____ Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Professional/PD Days (See Policies 03.19/03.29) Date(s) _____ Total Days _____ Substitute Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name(s) of Substitute on Date(s) Absent: _____ Substitute Code: _____

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I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee Name (Please print)

Employee ID #

Employee Signature

Date

Administrator / Director Signature

Date

Superintendent / Designee Signature

Date