

LEAVE REQUEST

	Name	Position/Grade/Subject	Calendar/Track
Employee Number	School, Department, or Job Site	Preferred Email	

Note: This is not an exhaustive list of all available options for leave. More detail is provided in the Employee Handbook.

Directions, Instructions for completing the form, and additional leave benefit information are available in a separate form.

	# of Days Requested	
<input type="checkbox"/> ANNUAL (VACATION) LEAVE		Date(s) Requested: _____
<input type="checkbox"/> SICK LEAVE		Date(s) Requested: _____
Doctor's note may be requested per policy.		
<input type="checkbox"/> VOLUNTARY SHARED LEAVE		Date(s) Requested: _____
Doctor's note required.		
<input type="checkbox"/> BONUS VACATION LEAVE		Date(s) Requested: _____
_____ 2017 Legislated Non-Expiring	_____ Non-Expiring (Special)	Date(s) Requested: _____
<input type="checkbox"/> EXTENDED SICK LEAVE (Deduction)		Date(s) Requested: _____
Doctor's note required.		
<input type="checkbox"/> PERSONAL LEAVE (Deduction)		Date(s) Requested: _____
<input type="checkbox"/> COMPENSATORY TIME		Date(s) Requested: _____
Attach copy of most recent time sheet.		
<input type="checkbox"/> NON-PAID LEAVE*		Date(s) Requested: _____
<input type="checkbox"/> EDUCATIONAL LEAVE*		Date(s) Requested: _____
Complete the educational leave box below and/or attach documentation as applicable.		
<input type="checkbox"/> MILITARY LEAVE		Date(s) Requested: _____
_____ Short-Term (§10.1)		Projected Date of Return (if known) _____
_____ Extended Active Duty (§10.2)		
_____ Other (§10.3, §10.4)		
<input type="checkbox"/> OTHER**		Date(s) Requested: _____

**Other Leaves May Include: Professional, Jury Duty, Court Attendance, Parental Involvement, Discretionary, etc. Additional documentation may be required.

***Board of Education approval may be required. See the Directions for more information.**

Substitute Teacher needed? Yes No Job # _____ Substitute Teacher: _____

Educational Leave Requests for Workshops/Training ONLY

Workshop/Training Title _____

Is funding for a substitute being provided by the workshop organizer? Yes No

If Yes, please return a Funding for Workshop/Training form to the school/department for use following the completion of the event.

Supervisor's Signature is required for **all** leave requests. Supervisor may **Deny** requests for certain types of leave. See Directions for more information. If Denied, please provide a reason.

APPROVED DENIED Reason Denied: _____

Signature of Employee	Date	Signature of Principal or Supervisor	Date
Signature of Superintendent, Budget Manager or Designee		Date	

School Use Only: _____