

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

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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: \_\_\_\_\_