

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.

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