# WAKE COUNTY PUBLIC SCHOOL SYSTEM
# REQUEST FOR LEAVE-REVISED

_____ Name

_____ Position/Grade/Subject/Track

_____ Employee Number

_____ School/Department

**I HEREBY REQUEST LEAVE AS FOLLOWS:**

☐ **ANNUAL (VACATION) LEAVE**
Total Working Days Requested _____
Dates Requested: _____

☐ **SICK LEAVE**
Total Working Days Requested _____
Dates Requested: _____
Doctor's note may be required per policy.

☐ **VOLUNTARY SHARED LEAVE**
Total Working Days Requested _____
Dates Requested: _____
Doctor's note required.

☐ **BONUS VACATION LEAVE**
Total Working Days Requested _____
Dates Requested: _____

☐ **EXTENDED SICK LEAVE** (Deduction)
Total Working Days Requested _____
Dates Requested: _____
Doctor's note required.

☐ **PERSONAL LEAVE** (Deduction)
Total Working Days Requested _____
Dates Requested: _____
Principal's prior approval required.

☐ **COMPENSATORY TIME**
Total Working Days Requested _____
Dates Requested: _____
**Attach copy of most recent time sheet.**

☐ **NON-PAID LEAVE**
Total Working Days Requested _____
Dates Requested: _____
Board of Education approval may be required.

☐ **MILITARY LEAVE**
_____ Short- Term (§10.1)
_____ Extended Active Duty (§10.2)
Date Leave Commences: _____
Projected Date of Return (if known) _____
_____ Other (§§ 10.3, 10.4)

☐ **OTHER** _____
Total Working Days Requested _____
Dates Requested: _____
Board of Education approval may be required.

***Professional Leave requires a separate form:** http://www2.wcpss.net/forms/forms/req-prof-leave.doc

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Is a Substitute Teacher needed? ☐ Yes ☐ No

**Job #** _____ **Substitute Teacher:** _____

_____ **Signature of Employee/Date**

_____ **Approval by Principal or Supervisor/Date**

BUDGET CODE _____ - _____ - _____- _____ - _____ - _____

**Superintendent,**
**Budget Manager, or Designee:** _____ **Human Resources Approval:**_____
**Signature / Date** **Signature / Date**

Revised 7/24/2009