

APPLICATION FOR LEAVE

NAME: _____ SOCIAL SECURITY #: _____ DATE: _____

EMPLOYEE # _____ POSITION: _____ BASE STATION: _____

I HEREBY APPLY FOR APPROVED LEAVE AS LISTED BELOW:

	# Days	# Hours	Dates		# Days	# Hours	Dates
<input type="checkbox"/> SICK LEAVE	_____	_____	_____	<input type="checkbox"/> ANNUAL LEAVE	_____	_____	_____
<input type="checkbox"/> PERSONAL LEAVE	_____	_____	_____	<input type="checkbox"/> LEAVE W/OUT PAY	_____	_____	_____
<input type="checkbox"/> ADMIN LEAVE (Request Form Must Be Attached)	_____	_____	_____	<input type="checkbox"/> VACANT POSITION (Replacing: _____)	_____	_____	_____
<input type="checkbox"/> MILITARY LEAVE (Orders Must Be Attached)	_____	_____	_____	<input type="checkbox"/> OTHER	_____	_____	_____

Will days utilized be used for leave-of-absence? ☐ Yes ☐ No Will catastrophic leave be used for days absent? ☐ Yes ☐ No
 (Must be in accordance with catastrophic leave guidelines)

*I certify that this is a valid request and meets requirements set forth by regulations of the State Board of Education. I understand that the above absence will be charged to my sick leave account. Furthermore, if I am a member of the Sick Leave Bank, I understand when all accumulated sick leave days in my personal account have been exhausted, that days from the Sick Leave Bank will automatically be utilized. Reason for sick leave:

- | | |
|--|--|
| <input type="checkbox"/> Personal illness | <input type="checkbox"/> Personal or immediate family medical treatment |
| <input type="checkbox"/> Illness of a member of immediate family (includes husband, wife, mother, father, son, daughter, sister, brother, son-in-law, daughter-in-law, grandparent(s), grandchildren, or person standing in loco parentis) | <input type="checkbox"/> Death of a member of immediate family (includes same as immediate family with the addition of uncle, aunt, nephew, niece, brother-in-law and sister-in-law. |

** For Personal Leave: I understand that provisions have been made to give a maximum of 2 days personal leave; that the Board of Education will pay for the substitute; and that leave in excess of 2 days will be deducted from my pay at my full daily rate.

*** For Administrative Leave: Identify Meeting Attended: _____

**** For Leave Without Pay: Employee is aware that a per diem deduction will be assessed against salary to compensate for the leave reported on this form.

OTHER COMMENTS AND/OR EXPLANATIONS: _____

EMPLOYEE'S SIGNATURE _____

SIGNATURE OF PRINCIPAL,
SUPERVISOR OR DEPARTMENT HEAD _____

DATE: _____

DATE: _____

Leave is approved and payment for substitute is hereby requested.

Name of Substitute	Emp#/SS#	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If position listed above is "Bus Driver", please indicate miles driven by Regular Driver broken down as indicated below:

_____ Miles Regular Route (Not including Additional Route)
 _____ Miles Vocational Route
 _____ Miles other Route _____ Type Route

LEAVE FORM IS TO BE SUBMITTED TO APPROVER AND MAINTAINED WITH LEAVE RECORDS AT SCHOOL OR DEPARTMENT.