

APPLICATION FOR LEAVE

NAME: SOCIAL SECURITY #: DATE:

EMPLOYEE # POSITION: BASE STATION:

HEREBY APPLY FOR APPROVED LEAVE AS LISTED BELOW:

Grid for leave types: SICK LEAVE, ANNUAL LEAVE, PERSONAL LEAVE, LEAVE W/OUT PAY, ADMIN LEAVE, VACANT POSITION, MILITARY LEAVE, OTHER. Includes columns for # Days, # Hours, and Dates.

Will days utilized be used for leave-of-absence? Will catastrophic leave be used for days absent? (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. Reason for sick leave: Personal illness, Illness of a member of immediate family, Personal or immediate family medical treatment, Death of a member of immediate family.

** 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.

Table with 3 columns: 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.