

AUTAUGA COUNTY BOARD OF EDUCATION LEAVE OF ABSENCE REQUEST RECORD

NAME: _____

DATE: ___/___/___

EMPLOYEE POSITION: _____

SCHOOL: _____

EMPLOYEE NUMBER: _____

PHONE #: _____

TYPE OF LEAVE:
<input type="checkbox"/> Personal Illness <input type="checkbox"/> Family Illness (Relationship to family member) _____ <input type="checkbox"/> Maternity, Paternity, Adoption of child <input type="checkbox"/> On Job Injury (Accident report must be attached) <input type="checkbox"/> Military (21 paid days per calendar year) <input type="checkbox"/> Other (Please explain) _____
PROPOSED DATES OF LEAVE:
Requested date for leave to begin ___/___/___ Requested date to return to work ___/___/___
TO BE COMPLETED BY PRINCIPAL/SUPERVISOR
Substitute Required <input type="checkbox"/> yes <input type="checkbox"/> no Name of Substitute _____ Principal/Supervisor Signature _____ Date _____
PAYROLL ONLY
Sick Leave _____ Personal Leave _____ On Job Injury _____ Military _____ FMLA _____ Sick Leave Bank Loan _____ Catastrophic Leave _____ Unpaid _____ Other _____ Payroll Coordinator Signature _____
HUMAN RESOURCES ONLY
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Approved Leave Dates: Beginning ___/___/___ Ending ___/___/___ Approved by: _____ Date Approved ___/___/___ <div style="text-align: center;">Signature of Personnel Director</div>