

APPLICATION FOR LEAVE

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ WORK LOCATION: \_\_\_\_\_

*I HEREBY APPLY FOR APPROVED LEAVE AS LISTED BELOW.*

- |   |        |        |
|---|--------|--------|
| <input type="checkbox"/> PAID LEAVE:                | # DAYS |        |
| <input type="checkbox"/> ACCUMULATED SICK DAYS: (1) | _____  |        |
| <input type="checkbox"/> VACATION LEAVE:            | _____  |        |
| <input type="checkbox"/> PERSONAL LEAVE:            | _____  |        |
| <input type="checkbox"/> FLEX LEAVE:                | _____  | (F)    |
| <input type="checkbox"/> PROFESSIONAL LEAVE: (3)    | _____  | (P)    |
| <input type="checkbox"/> MILITARY LEAVE: (4)        | _____  | (M)    |
| <input type="checkbox"/> LEGAL LEAVE: (5)           | _____  | (S, J) |
| <input type="checkbox"/> BUSINESS: (6)              | _____  | (B)    |
| <input type="checkbox"/> BEREAVEMENT (Sick Days)    | _____  |        |

- |  |        |
|--|--------|
| <input type="checkbox"/> UNPAID LEAVE:             | # DAYS |
| <input type="checkbox"/> EXTENDED SICK LEAVE: (2)  | _____  |
| <input type="checkbox"/> PROFESSIONAL LEAVE: (3)   | _____  |
| <input type="checkbox"/> EMERGENCY LEAVE:          | _____  |
| <input type="checkbox"/> LEGAL LEAVE: (5)          | _____  |
| <input type="checkbox"/> MATERNITY / NEWBORN CARE: | _____  |
| <input type="checkbox"/> OTHER: _____              | _____  |
| _____  | _____  |
| _____  | _____  |

- (1) ACCUMULATED SICK DAYS: (Over **10 consecutive** work days off sick. Statement from doctor is required and should be attached)
- (2) EXTENDED SICK LEAVE: (Statement from doctor is required and should be attached)
- (3) PROFESSIONAL LEAVE: (List in comments the conference, activity or event to be attended. Job function does **not require** attendance)
- (4) MILITARY LEAVE: (Attach copy of military orders)
- (5) LEGAL LEAVE: (Attach subpoena or juror notification. Plaintiffs or defendants are **not** eligible for **paid** leave)
- (6) BUSINESS: (List in comments where the employee is assigned or the job related meeting. (Attendance is required or recommended by supervisor)

FROM (Date): \_\_\_\_\_ Through (Date): \_\_\_\_\_ Total # Days: \_\_\_\_\_

REASON: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

If meetings to be attended require additional Board expense, approval is required by your supervisor and if the expense is over \$300 then Board approval **IS** required. A Form B-3044 must be submitted for approval.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Signature of Principal,  
Supervisor or Department Head

\_\_\_\_\_  
Division of Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

APPROVED  DISAPPROVED  APPROVED  DISAPPROVED

Substitute Requested:  NO  YES  Substitute Not Authorized at Board's Expense

27 digit account # \_\_\_\_\_  Substitute Provided at Board's Expense

**INSTRUCTIONS:** Vacation, Personal, Flex and Staff Development leaves may be approved by the supervisor. For approval of Extended Sick Leave and other leaves of absence, send one (1) copy to Human Resources.

**NOTE TO SUPERVISORS:** Attach one (1) copy of approved form to the appropriate payroll, one (1) to file, and one (1) to employee.