



**Kansas State School for the Blind
APPLICATION FOR LEAVE**

Date of Application: _____ Name: _____

Department: _____ Total Number of Hours Requested: _____

Please note: A medical release from a physician is required if more than three (3) consecutive workdays are missed using leave for medical reasons OR if use of such leave for medical reasons is deemed excessive.

<input type="checkbox"/> (SCK) Sick Leave-Self (<i>explanation needed</i>)	<input type="checkbox"/> (SCK) Sick Leave-Family (<i>explanation needed</i>)
<input type="checkbox"/> (CMT) Compensatory Time <input type="checkbox"/> check if for medical reasons (<i>explanation needed</i>)	<input type="checkbox"/> (HCT) Holiday Compensatory Time <input type="checkbox"/> check if for medical reasons (<i>explanation needed</i>)
<input type="checkbox"/> (LWP) Leave Without Pay <input type="checkbox"/> check if for medical reasons (<i>explanation needed</i>)	<input type="checkbox"/> (O) Other (<i>explanation needed</i>) <input type="checkbox"/> check if for medical reasons (<i>explanation needed</i>)
<input type="checkbox"/> (VAC) Annual Leave <input type="checkbox"/> check if for medical reasons (<i>explanation needed</i>)	<input type="checkbox"/> (DDY) Discretionary Day <input type="checkbox"/> check if for medical reasons (<i>explanation needed</i>)
<input type="checkbox"/> (FNL) Funeral Leave (<i>explanation needed</i>)	<input type="checkbox"/> (JRY) Jury Duty (<i>verification required</i>)
<input type="checkbox"/> (MIL) Military Duty (<i>verification required</i>)	<input type="checkbox"/> (V) Volunteer (<i>American Red Cross Only</i>)
<input type="checkbox"/> (IW) Inclement Weather (<i>declaration required</i>)	

Explanation:

WEEK 1

Write in month and day (mm/dd) next to the day of week

SUN ___/___	MON ___/___	TUE ___/___	WED ___/___	THU ___/___	FRI ___/___	SAT ___/___

WEEK 2

Write in month and day (mm/dd) next to the day of week

SUN ___/___	MON ___/___	TUE ___/___	WED ___/___	THU ___/___	FRI ___/___	SAT ___/___

Indicate on the above chart, **in ¼ hour increments**, the appropriate abbreviation which corresponds to the dates requested for leave for the current payroll period. **HOURS MUST BE INDICATED OR FORM WILL BE RETURNED FOR COMPLETION, POSSIBLY CREATING A DELAY IN ISSUANCE OF PAYCHECK. Requesting leave and having the available leave balance is the responsibility of the employee.** This document is not valid unless signed.

Employee Signature: _____

Date: _____

Manager Signature: _____

Date: _____

Approved: Yes No modified by Manager _____