

REQUEST VERIFICATION FOR LEAVE

This form is to be used by all full-time personnel for requesting all types of leave including short-term and long-term leaves as well as leave with or without pay. A twenty-four hour notice is expected, unless otherwise stated. When this is not possible (i.e., short-term sick leave,) the form should be completed immediately upon return to verify the leave that was taken. All copies of the completed form should be forwarded to the Human Resources Department at the Central Office. Employees are responsible for maintaining a personal copy. If a leave day is requested, approved and then not used, it is the employee's responsibility to notify the Human Resources Department so that the record can be corrected. This record of leave should be maintained by the principal or supervisor for at least three (3) years. Leave forms are required regardless of whether a substitute is used and it is important for them to be turned in promptly.

FOR SCHOOL USE ONLY: SUBSTITUTE NAME _____
 ACCOUNT CHARGED _____ ABSENCE REASON _____ Charge to School Yes / No

EMPLOYEE NAME/SIGNATURE _____ DATE _____
MUST BE LEGIBLE

POSITION _____ SCHOOL/LOCATION Community High School

X	TYPE LEAVE REQUESTING	BEGINNING		ENDING		TOTAL DAYS REQUESTING
		TIME	DATE	TIME	DATE	
	Personal Leave with Pay					
	Personal Leave Without Pay					
	Professional Leave With Pay (EXPLANATION REQUIRED) ESL ___ SPED ___ TITLE I ___ GEN. P. ___ PRE K ___ FTT ___					
	Sick Leave with Pay					
	Sick Leave Without Pay					
	Sick Leave Bank *(MEMBERS ONLY)					
	Maternity/Adoption/Parenting Leave Without Pay					
	FMLA Leave (Family Medical Leave Act)					
	Vacation Leave with Pay (12 month employees only)					
	Jury Duty Leave					
	Bereavement Leave (1)					

* All applicable leaves must be exhausted. Call the Human Resource Department for Sick Leave Bank rules and forms.

*Every teacher receives (10) sick leave days, (1) personal day, (1) professional day (with pay)

Not including this request, how many personal leave days have been approved for you this school year? _____

Not including this request, how many professional leave days have been approved for you this school year? _____

If you are requesting to use professional leave a written explanation is required: _____

PRINCIPAL OR DESIGNEE RECOMMENDATION (Supervisor if not school-based position)
 TO BE SIGNED BEFORE FOWARDING TO CENTRAL OFFICE, PLEASE.

I do recommend I do not recommend. Comment if needed _____

Signature _____ Date _____

HUMAN RESOURCES DIRECTOR OR SUPERINTENDENT OF SCHOOLS APPROVAL

Approved Not Approved Comment if needed _____

Signature _____ Date _____