

APPLICATION FOR LEAVE

NAME: _____ EMPLOYEE NUMBER: _____ 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.