

EMPLOYEE'S NAME: LAST, FIRST _____ BUILDING/DEPT _____

POSITION/TITLE _____

After reviewing the school calendar and your own leave allocation submit form to HR.

Planned absences: per CBA, form must be completed and evaluated in advance.

Emergency Absences: complete form as soon as possible and practical.

TOTAL HOURS REQUESTED:	_____
BEGINNING DATE:	____/____/____ MM DD YYYY
ENDING DATE:	____/____/____ MM DD YYYY

REASON(S) FOR LEAVE:

- _____ **BEREAVEMENT:** RELATIONSHIP TO THE DECEASED _____ DATE OF FUNERAL _____
- _____ **CIVIC RESPONSIBILITY**
 - _____ **INVOLVEMENT IN TRIAL** (ATTACH SUBPOENA)
 - _____ **JURY DUTY** (ATTACH COPY OF SUMMONS)
- _____ **EMERGENCY** (DEDUCTED FROM ILLNESS & INJURY LEAVE)
- _____ **FMLA**
 - _____ **PARENTAL BONDING**
 - _____ **ADOPTION**
 - _____ **SERIOUS HEALTH CONDITION, SELF**
 - _____ **SERIOUS HEALTH CONDITION, FAMILY MEMBER**
- _____ **MATERNITY** (ATTACH DOCUMENTS)
- _____ **MEDICAL** (DEDUCTED FROM ILLNESS AND INJURY LEAVE)
- _____ **MILITARY** (ATTACH DOCUMENTS)
- _____ **PERSONAL**
- _____ **RELIGIOUS PURPOSES** (2 DAYS UNPAID PER STATUTE)
- _____ **UNPAID LEAVE OF ABSENCE: SHORT TERM** (ATTACH LETTER EXPLAINING SPECIFIC CIRCUMSTANCES)
- _____ **UNPAID LEAVE OF ABSENCE: LONG TERM** (UP TO ONE [1] YEAR BY MAY 1; ATTACH LETTER EXPLAINING SPECIFIC CIRCUMSTANCES)
- _____ **LEADING WORK-RELATED WORKSHOP OR INSERVICE OUT-OF-DISTRICT**
- _____ **CALENDARED NON-WORK DAYS** (ADMIN & UNREP STAFF; SUPERVISOR WHO RETAINS)
- _____ **VACATION** (MECHANICS/12 MONTH SECRETARIES ONLY)
- _____ **ILLNESS & INJURY LEAVE** (ADMIN & UNREP STAFF; SUPERVISOR RETAINS)

EMPLOYEE NOTES/REMARKS:
(Certificated staff must submit reason for Personal Leave Request when submitting for absence during a "Black Out Day".)

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR SIGNS INDICATING AWARENESS:

LEAVE ALLOCATION: (for Human Resources use only; paid leave will be utilized first)	HOURS AUTHORIZED		HOURS NOT AUTHORIZED	HUMAN RESOURCES SIGNATURES & NOTES
	PAID	UNPAID		
ADMINISTRATIVE LEAVE				HUMAN RESOURCES SIGNATURE _____
BEREAVEMENT				
CIVIC RESPONSIBILITY				
EMERGENCY				
MATERNITY				DATE: _____
MEDICAL				N-A LETTER SENT: _____
MILITARY				
PERSONAL				
RELIGIOUS PURPOSES (PAID WITH PREARRANGED FLEX)				
UNPAID LEAVE OF ABSENCE: SHORT-TERM				
UNPAID LEAVE OF ABSENCE: LONG TERM				
VACATION				
LEADING WORKSHOP OUT-OF-DISTRICT				
FMLA (SEE NOTICE OF ELIGIBILITY & RIGHTS & RESPONSIBILITIES)				