
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 / PFML**

 _____ **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** (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** (ADMINISTRATIVE, UNREPRESENTED STAFF, & SUBSTITUTES)

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 OR ILLNESS & INJURY				DATE:
MATERNITY				
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/PFML (SEE NOTICE OF ELIGIBILITY & RIGHTS & RESPONSIBILITIES)				

ANY ABSENCE FROM WORK THAT IS NOT AUTHORIZED MAY RESULT IN THE INITIATION OF PROGRESSIVE DISCIPLINE