

## REQUEST FOR LEAVE

All leaves need to be submitted to Supervisor for approval.

Name: \_\_\_\_\_

Date requested to be absent: \_\_\_\_\_ Site: \_\_\_\_\_

Hours absent: from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Total hours: \_\_\_\_\_

### Type of Absence:

Sick Leave (Employee Only)       Jury Duty (notice signed by Jury Clerk)       Industrial Accident (attach WC note)

Note: \_\_\_\_\_

### Requires prior approval and additional documentation/reason:

Personal Necessity (based on contract)       School Business       Maternity/Paternity Leave  
 Personal Necessity - Discretionary

Reason for request: \_\_\_\_\_

\_\_\_\_\_

### Requires prior approval:

Vacation       Bereavement (indicate immediate family relationship) \_\_\_\_\_  
 Association Leave       Comp Time (used)  
 Other \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved       Not Approved  Reason: \_\_\_\_\_

Employees should refer to their bargaining unit agreements and AR 4161.1 for a description of Leaves. Employees should refer to their bargaining unit agreements for clarification on Comp Time.

Revised: 07/18/2022