

REQUEST FOR LEAVE

All leaves need to be submitted to Supervisor for documentation as soon as possible.

Please note all leaves with an asterisk (*) require documentation. All leaves with two asterisks () require prior approval.**

Name _____

Date requested to be absent _____ Site _____

To be absent from _____ am/pm to _____ am/pm Total hours to be absent _____

Type of Absence (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Sick Leave (Employee Only) | <input type="checkbox"/> Vacation** | <input type="checkbox"/> Jury Duty Summons* |
| <input type="checkbox"/> Sick Leave (FFCRA) 1 | <input type="checkbox"/> Comp Time (earned) ** 2 | <input type="checkbox"/> Industrial Accident* |
| <input type="checkbox"/> Maternity/Paternity Leave* | <input type="checkbox"/> Comp Time (used) ** 2 | <input type="checkbox"/> Conference* |
| <input type="checkbox"/> Personal Necessity**(Other, based on contract) | <input type="checkbox"/> Leave without pay ** | <input type="checkbox"/> District/School Business* |
| <input type="checkbox"/> Personal Necessity**(Immediate Family-Please indicate relationship) _____ | | |
| <input type="checkbox"/> Bereavement (please indicate relationship) _____ | | |
| <input type="checkbox"/> Contract Day | <input type="checkbox"/> Non-Contract Day ** | <input type="checkbox"/> Association Leave |
| <input type="checkbox"/> Other _____ | | |

Reason for request (*Attach documentation or provide explanation / ** Needs prior approval)

1- FFCRA – Families First Coronavirus Response Act/Please see H.R. Department/Expires December 2020

2- For clarification on Comp Time see CFA contract section 7.2.8.4 & 12.6.4 or CSEA contract section 8.8

Employee Signature _____ Date _____

Immediate Supervisor's Signature _____ Date _____

Approved Not Approved Reason _____

Board Policy #4161

Employees should refer to their Bargaining Unit contracts for a full description of “Leaves.”

AR 4161.1 & AR 4261.1

After any absence due to illness or injury, the employee shall submit a completed and signed district absence form to his/her immediate supervisor.

The Superintendent or designee may, at any time, require additional written verification by the employees' physician or medical practitioner. Such verification shall be required whenever an employee's absence record shows chronic absenteeism or a pattern of absences immediately before or after weekends and/or holidays or whenever available evidence clearly indicates that an absence is not related to illness or injury.

Revised 12/04/15; 10/02/2017; 07/01/20