

**OAK GROVE SCHOOL DISTRICT
VACATION OR LEAVE REQUEST FORM
(Other Than Personal Sick Leave)**

Leave Requests must be consistent with District Policy and the appropriate employee bargaining unit agreement Articles as listed below.

- CSEA Article 11 (Vacations) or Article 12 (Leaves)
- AFSCME Article 9 (Vacations) or Article 10 (Leaves)
- OGEA Article 8 (Leaves)

It is the responsibility of the employee to verify availability of sick leave or vacation if applicable.

Name _____ (Please print or type) _____ (Signature)

Position _____

School/Site _____

This leave request is subject to Section _____ of the OGEA (Article 8),
 CSEA (Article 11 or Article 12), AFSCME (Article 9 or Article 10) collective bargaining agreement.

I hereby request a leave of absence beginning _____ and ending _____
 for the following purpose:

PAID LEAVE

(Requires Supervisor approval only)

- Vacation
- Personal Necessity
 - ___ Death/Illness ___ Paternity
 - ___ Accident ___ Court/Legal
 - ___ Marriage ___ Graduation
- Matters of Compelling Personal Importance
- Other: _____

UNPAID LEAVE

(Requires Supervisor and Human Resources approval)

- Family Care
- Educational
- Other: _____
- Hardship
- Child Rearing

PAID LEAVE

Administrator/Supervisor Approved Not approved

Signature _____ School/Site _____ Date _____

UNPAID LEAVE

Administrator/Supervisor Approved Not Approved

Signature _____ School/Site _____ Date _____

Human Resources Recommendation Approved Not Approved

Signature _____ Date _____

Distribution: *White* - Attach to Absence Report; *Canary* - Human Resources; *Pink* - Employee; *Goldenrod* - Supervisor for paid leaves.
Unpaid leaves, submit entire form to Human Resources.