

**Leave Request Form and Affidavit**

NAME: _____	LOCATION: _____
DATE SUBMITTED: _____	

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**PERSONAL DAY:** Requested under the terms of Policies 03.1231/03.2231. (see next page for required affidavit)

Date of personal day: \_\_\_\_\_ Total Days: \_\_\_\_\_ Substitute Needed

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**PERSONAL UNPAID LEAVE:** Submit to the Superintendent for Board action. (see next page for required affidavit)

Date(s) of leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ Substitute Needed

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**SICK LEAVE:** Requested under the terms of Policies 03.1232/03.2232. (see next page for affidavit that may be required)

Date(s) of sick leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ Substitute Needed

Check one:  Employee's illness                       Illness of family member                       Mourning

Is sick leave being used for emergency leave purposes, pursuant to policy?                       Yes    No

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**MATERNITY/ADOPTION/CHILDREARING LEAVE:** Requested under the terms of Policies 03.1233/03.2233.

Estimated date(s) of leave \_\_\_\_\_ to \_\_\_\_\_ Substitute Needed

Paid maternity leave /number of sick leave days \_\_\_\_\_  unpaid maternity leave

Paid birth or adoption leave (not to exceed 30 days) /number of sick leave days \_\_\_\_\_

Unpaid childrearing leave \_\_\_\_\_

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**JURY LEAVE:** Requested under the terms of Policies 03.1237/03.2237.

Date(s) of jury leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ Substitute Needed

Employee Will Sign Over Court-Issued Jury Pay Check to District.

Employee Will Reimburse District for Any Jury Pay Received.

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**MILITARY/DISASTER SERVICES LEAVE:** Requested under the terms of Policies 03.1238/03.2238.

Date(s) of leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ Substitute Needed

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**EMERGENCY LEAVE:** Requested under the terms of Policies 03.1236/03.2236. (see next page for required affidavit)

Date(s) of emergency leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ Substitute Needed

Bereavement                       Disasters

Court /Legal                       Other (Specify): \_\_\_\_\_

Is sick leave being used for emergency leave purposes, pursuant to policy?                       Yes    No

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*I understand that if I have provided information that is not true, I may be subject to disciplinary action.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/designee's Signature Approving Leave as Requested

\_\_\_\_\_  
Date

