

Leave Request Form and Affidavit

NAME: _____	LOCATION: _____
DATE SUBMITTED: _____	

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* **PERSONAL LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231**(SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

PAID _____ UNPAID _____

* UNLESS OTHERWISE APPROVED BY THE SUPERINTENDENT, PERSONAL LEAVE MAY NOT BE TAKEN ON A PROFESSIONAL DEVELOPMENT DAY OR DURING THE FIRST OR LAST DAY OF THE SCHOOL YEAR.

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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/IMMEDIATE FAMILY
 MOURNING/IMMEDIATE FAMILY

PAID _____ UNPAID _____

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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 ADOPTION LEAVE (NOT TO EXCEED 30 DAYS) /NUMBER OF SICK LEAVE DAYS _____

UNPAID CHILDREARING LEAVE

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WORKSHOP/CONFERENCE

TITLE/SUBJECT _____

DATE(S) _____

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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 REIMBURSES DISTRICT \$5.00 FOR EACH APPEARANCE REGARDLESS OF TIME SPENT.

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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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= **VACATION DATE(S) REQUESTED _____ TOTAL DAYS _____**

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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

