

GOLDEN PLAINS UNIFIED SCHOOL DISTRICT

Employee Leave Request/Absence Report

Employee Name: _____ Date: _____

Social Security Number (Last Four Digits Required): _____ Certificated Classified

Site: _____ Department: _____ Employee Initial: _____

Prepared By (if other than employee) : _____

Employee's Request:			
<input type="checkbox"/> Anticipated		<input type="checkbox"/> Unanticipated	
<input type="checkbox"/> Emergency			
<input type="checkbox"/> Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Bereavement (Explain Relationship): _____			
<input type="checkbox"/> Jury Duty (Submit Endorsed Unit Warrant to Business Office)		<input type="checkbox"/> Personal Necessity <input type="checkbox"/> Industrial Accident/Workers Comp.	
<input type="checkbox"/> Comp. Time <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Other (Reason): _____			
Requested Departure Date:	Hours/Days Requested	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Requested Return Date:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM

SITE OFFICE USE

(To be completed by site secretary)

Principal or Supervisor Approval/Recommendation: Yes No (If no, attach reason.)

Signature: _____ Date: _____

Actual Departure Date:	Hours/Days Used	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Actual Return Date:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM

Upon completion, submit Pink copy to supervisor and remaining copies to District Office.

DISTRICT OFFICE USE

Action Taken: Comp. Time Salary Deduct (LWP) Substitute Cost Deduct (DSP)

If applicable, submit copy to Payroll *If applicable, submit copy to Payroll*

School Business (No Deduct) Association Leave (No Deduct) Jury Duty (No Deduct)

Hours/Days Remaining	
VL	SL

Comments: _____

Recorded/Inputted By: _____ Date: _____