



EMPLOYEE EXCEPTION/REQUEST LEAVE FORM

TODAY'S DATE: _____ *Except in cases of emergency, requests MUST be submitted seven (7) days in advance*

Employee Name: _____ Work Location: _____

Date(s) of Leave: _____ Total Hours: _____

Type of Leave Request: (Mark one)

- | | |
|---|---|
| <input type="checkbox"/> Family Medical Leave (FML) | <input type="checkbox"/> School Business (Reason must be given) |
| <input type="checkbox"/> Vacation (12 Month Employees ONLY) | <input type="checkbox"/> Jury Duty (Jury Slip must be provided) |
| <input type="checkbox"/> Bereavement Leave ** See below | <input type="checkbox"/> Personal Leave WITHOUT Pay |
| <input type="checkbox"/> General Leave | <input type="checkbox"/> Military Leave (Copy of orders must be provided) |

Reason of Leave Request: _____

Employees are granted up to five days per year bereavement leave (death in your immediate family), which are not charged to your general leave. **Relationship to person must be given. Family includes the following persons: Spouse, Children, Parents, Siblings, Grandparents, Grandchildren, Like relations created by marriage (e.g., stepchild, father-in-law, etc) G-2550 GCCA (Documents must be provided).

Employee Signature: _____ Supervisor Signature _____

Approved Denied

ALL LEAVE REQUESTS AND DOCUMENTATION NEED TO BE SENT TO THE PAYROLL DEPARTMENT BY THE MONDAY FOLLOWING THE DAYS OFF.