

Certified

LEAVE OR DISTRICT ASSIGNMENT REQUEST FORM

Sub Called \_\_\_\_\_

Classified

Davenport Community School District  
Davenport, Iowa

Initials: \_\_\_\_\_

Employee's Name \_\_\_\_\_

Current Date \_\_\_\_\_

Employee's SSN (last 4 digits only) \_\_\_\_\_

Part Time  Full Time

Substitute Needed  Yes  No

Building \_\_\_\_\_

Position \_\_\_\_\_

Subject or Grade \_\_\_\_\_

**PAID LEAVES:**

- \*  Association Leave (3601)
- Bereavement Leave (3590)
- DEA Leave Bank (3536)
- Emergency Leave (3532)
- Emergency as Personal – Clerk/Para/Cust/Main Only (3538)
- Health (3512)
- \*  Health Leave w/WC (3519)
- Health Leave Maternity (3517)
- Jury Duty (3582)
- Other District Assignment (3603)
- Personal Leave (3522)

**\*REQUIRES PRIOR APPROVAL OF HR DIRECTOR**

**UNPAID LEAVES:**

- \*  Absent without Pay (3622)
- \*  Health Leave without Pay (3625)
- \*  Military Leave (3632)
- \*\*  Not Scheduled on Duty (3620) \*\*CV Sites ONLY
- \*\*\*  Furlough Day (3629) \*\*\*ASC Admins/Specialists

- Vacation (3502)
- Work Comp (3624)

**FMLA LEAVES (with proper forms):**

- \*  FMLA with Pay:
  - \*  Personal (3523) \_\_\_\_\_ days
  - \*  Emergency (3533) \_\_\_\_\_ days
  - \*  Vacation (3501) \_\_\_\_\_ days
  - \*  Health (3516) \_\_\_\_\_ days
  - \*  Maternity Health (3518) \_\_\_\_\_ days
- \*  FMLA without Pay (3626) \_\_\_\_\_ days

**\*REQUIRES PRIOR APPROVAL OF HR DIRECTOR**

- Good Cause (3627)
- Professional Development (3602)

Explain \_\_\_\_\_

Leave Begins  AM  PM Date(mm/dd/yy) \_\_\_\_\_ Ends  AM  PM Date(mm/dd/yy) \_\_\_\_\_

Total **Hours** Requested \_\_\_\_\_ Total **Days** Requested \_\_\_\_\_ Employee's Signature \_\_\_\_\_

**TO BE COMPLETED IF DISTRICT FUNDS ARE REQUIRED: Budget Code: \_\_\_\_\_**

Destination (Name and Location) \_\_\_\_\_

Purpose \_\_\_\_\_

**Estimated Expenses:** Method of Travel \_\_\_\_\_ Number of Miles \_\_\_\_\_ Total Cost \_\_\_\_\_

Shared ride with \_\_\_\_\_

Per Diem \_\_\_\_\_ x\$10/Day \_\_\_\_\_ x\$15/Day \_\_\_\_\_ x\$20/Day \_\_\_\_\_ x\$30/Day Total Cost \_\_\_\_\_

Lodging: \_\_\_\_\_ nights @ \_\_\_\_\_ Total Cost \_\_\_\_\_

Shared room with \_\_\_\_\_

Registration: Total Cost \_\_\_\_\_

Other Expenses: (List and itemize) \_\_\_\_\_ Total Cost \_\_\_\_\_

**TOTAL ESTIMATED EXPENSES**

Maximum Allowed toward Expenses \_\_\_\_\_ Authorized by \_\_\_\_\_

**SUBSTITUTE PAY:**

Charge Substitute to Account # \_\_\_\_\_ Approval \_\_\_\_\_

From Account # \_\_\_\_\_ Amount \_\_\_\_\_

**DISPOSITION:**

Excused with pay  Excused without pay  Excused with Substitute Pay Deduction  Not Approved

Comments: \_\_\_\_\_

Supervisor \_\_\_\_\_ Director of Human Resources \_\_\_\_\_

**Copies:** Building, Payroll, Supervisor, Employee, Human Resources (if applicable)