



Check here if this is an Amended Request

Employee Leave Declaration

(FULLY complete in blue or black ink ONLY)

IMPORTANT:

- Leave time will be granted based on your Employment/Master Agreement and must be taken in quarter hour increments.
- Complete this form in its entirety for each absence or request for time off; one form may be used for each calendar week.
- Employee's signature indicates leave is available to be used and acknowledgement that overused leave will be deducted from gross pay.

Employee Number _____

Employee Name – Please Print _____

Contracted Hours per Day: _____

Date(s) of Absence: _____

Position – Check One:

- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Admin | <input type="checkbox"/> Educ Assist |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Food Serv |
| <input type="checkbox"/> Comm Educ | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Other |

Location – Check One:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Columbia Academy | <input type="checkbox"/> Highland |
| <input type="checkbox"/> District Center | <input type="checkbox"/> High School |
| <input type="checkbox"/> District – Wide | <input type="checkbox"/> North Park |
| <input type="checkbox"/> Family Center | <input type="checkbox"/> Valley View |

<u>Hour(s)</u>	<u>Day(s)</u>	<u>Leave Type</u>	<u>Additional Explanation</u>
_____	_____	Family Illness* (relationship to you)	_____
_____	_____	Personal Illness*	_____
_____	_____	Bereavement* (relationship to you)	_____
<i>(Notify as soon as possible)</i>			
Pre-Approval Required:			
_____	_____	Leave Without Pay** (describe)	_____
_____	_____	Other (describe)	_____
_____	_____	Personal Business*	_____
_____	_____	Professional (specify activity)	_____
_____	_____	Recognition Day	_____
_____	_____	Floating Holiday	_____
_____	_____	Vacation	_____

*** MUST be pre-approved in writing by Superintendent; submit request to Human Resources – Attach Approval*

**Reduces Sick Leave Balance*

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Supervisor – Check One:

Approved (Forward Form to HR)

Denied (Return Form to Employee)