

CHANDLER UNIFIED SCHOOL DISTRICT

Forms are due TWO (2) WEEKS before requested date.

REQUEST FOR THE USE OF PRE-PLANNED PAID TIME OFF RESTRICTED ABSENCE DATES

(This form does not apply for reasons related to illness or emergencies.)

EMPLOYEE NAME: _____

EMPLOYEE ID#: _____

JOB TITLE: _____

TODAY'S DATE: _____

SITE: _____

DEPARTMENT: _____

This form should be used when an employee is requesting to use Paid Time Off leave during the CUSD Calendar "Restricted Absence Dates." These dates were identified as workdays where employee absences may cause a negative impact or disruption to educational services provided by the District.

Restricted Absence Dates are the first 10 student days of the year and the last 10 student days of the year, along with the day before/after an intersession and first/last day of employee calendar.

Qualifying events for the use of leave during Restricted Absence Dates that would require pre-approval include:

- The date of the event is outside of the employee's control (i.e., court date, graduation, etc.).

This form does not apply to illness or emergency-related absences. Those would be acceptable reasons to use leave during Restricted Absence Dates – for these cases, employee should work directly with supervisor to notify him/her of the illness/emergency requiring absence.

EMPLOYEE REQUEST: (All four (4) items below must be completed by the employee.)

1) Date(s) requested for paid leave: _____

2) Describe the reason for the absence: _____

3) I had no control in the scheduling of the date of the Significant Event: Yes No

4) I have earned leave available for this request. Yes No

Signature of Employee: _____

CAMPUS PRINCIPAL/SITE DIRECTOR INPUT: (All two (2) items must be completed by site admin.)

1) If this request is approved, a substitute will be needed for coverage: Yes No

If a substitute is required, a substitute has been secured. Yes No

Signature of Campus Principal/Site Director: _____

HUMAN RESOURCES DEPARTMENT: (Marissa Hardin Sylvestre)

_____ This leave request is approved for paid Leave if employee has accrued leave.

_____ This leave request is denied.

COMMENTS: _____

_____ Approved

_____ Not Approved

Human Resources Administrator Signature: _____ **Date:** _____