PERSONNEL 03.123 AP.2

Leave Request Form and Statement

Name:	LOCATION:	
DATE SUBMITTED:	_	
■ PERSONAL LEAVE: REQUESTED UREQUIRED STATEMENT)	under the terms of Policies 03.1231/	/03.2231. (SEE NEXT PAGE FOR
DATE(S) OF PERSONAL LEAVE:	TOTAL DAYS:	SUBSTITUTE NEEDED
□ SICK LEAVE: REQUESTED UNDER THAT MAY BE REQUIRED)	HE TERMS OF POLICIES 03.1232/03.2232. (S	SEE NEXT PAGE FOR STATEMENT
DATE(S) OF SICK LEAVE:	TOTAL DAYS	SUBSTITUTE NEEDED
CHECK ONE: ☐ EMPLOYEE'S ILLNI	ESS ILLNESS OF FAMILY MEMBER*	☐ MOURNING
IS SICK LEAVE BEING USED FOR EM	ERGENCY LEAVE PURPOSES, PURSUANT TO	POLICY? TYES NO
☐ MATERNITY/ADOPTION/CHILD THE TERMS OF POLICIES 03.1233/0	REARING/CHILDBIRTH RECOVERY 3.2233.	/ LEAVE: REQUESTED UNDER
ESTIMATED DATE(S) OF LEAVE	то	Substitute Needed
	PPORT LEAVE/NUMBER OF LEAVE DAYS I	
☐ PAID MATERNITY LEAVE /NUMBE	ER OF SICK LEAVE DAYS UNPAI	D MATERNITY LEAVE
☐ PAID BIRTH OR ADOPTION LEAVE	E (NOT TO EXCEED 30 DAYS)/NUMBER OF S	ICK LEAVE DAYS
$lacksquare$ unpaid childrearing leave $_$		
□ JURY LEAVE: REQUESTED UNDER T		
_	TOTAL DAYS:	SUBSTITUTE NEEDED
	OURT-ISSUED JURY PAY CHECK TO DISTRIC	
	ISTRICT FOR ANY JURY PAY RECEIVED.	
■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■	ELEAVE: REQUESTED UNDER THE TERMS	OF POLICIES 03.1238/03.2238.
	TOTAL DAYS:SUBST	
□ EMERGENCY LEAVE: REQUESTER REQUIRED STATEMENT)	D UNDER THE TERMS OF POLICIES 03.1236	6/03.2236. (SEE NEXT PAGE FOR
DATE(S) OF EMERGENCY LEAVE: _	TOTAL DAYS:	SUBSTITUTE NEEDED
☐ BEREAVEMENT ☐ DISASTERS	□COURT/LEGAL □ OTHER, SPECIFY:	
IS SICK LEAVE BEING USED FOR EM	ERGENCY LEAVE PURPOSES, PURSUANT TO	POLICY? TYES NO
I understand that if I have provided inform	mation that is not true, I may be subject to d	isciplinary action.
Employee's Signature		e e
Superintendent/designee's Signature Ap	proving Leave as Requested Dat	e e