



NORTH CLACKAMAS SCHOOL DISTRICT 12
REQUEST FOR LEAVE WITH PAY

Human Resources Department

(Please complete form and return to Human Resources via email @ hrforms@nclack.k12.or.us)

Name _____ Employee ID _____

Unit Name and Number _____ Hours Per Day/FTE _____

I request a paid leave of absence as indicated:

- Bereavement (3 days maximum)
Emergency (per agreement)
Business (per agreement)
Court appearance (attach subpoena)

- Jury service (attach verification)
Military (attach verification)
Professional (per agreement)
Other (OSEA) meets criteria of classified agreement
Other (NCEA) describe in reason section

From _____ through _____
Date Date # Days - Hours

REASON _____

Employee Signature _____ Date _____

If Professional Leave, list registration fee _____ Purchase Order attached? Yes No
(Attach Professional Leave/Tuition Reimbursement form if using tuition funds)

UNIT ACTION

Meets criteria of Agreement Substitute not required
Does not meet criteria of Agreement Substitute required, time needed to
Approved Not approved
Confirmed Substitue Requested Yes No

Principal/Unit Manager Signature _____ Date _____

DISTRICT ACTION

Meets criteria of Agreement Comments:
Does not meet criteria of Agreement
Approved Not approved

HR Administrator Signature _____ Date _____

REVIEW/APEAL

Approved Not Approved

Superintendent _____ Date _____

Signature