

WELDON CITY SCHOOLS

Leave Request

revised

07/24

Employee Name _____ Position _____

Substitute's Name _____ Sub. Code ____ - ____ - ____ - ____ - ____
(If applicable)

	DATE(S)	TIME OFF - # OF DAYS (Minimum of .5)
Annual Leave	_____	_____
Sick Leave	_____	_____
Personal Leave (Teachers Only)	_____	_____
Other (Indicate Below)	_____	_____
☐ Professional Leave	☐ Jury Duty	☐ Leave without Pay

Employee Signature _____ Date _____

Request for annual leave, personal leave and other leave should be completed and submitted to the appropriate supervisor prior to the date of the desired leave. Illness should be reported by phone to the supervisor as soon as possible and a request for sick leave submitted immediately upon return to work.

APPROVED ☐ Supervisor _____ Date _____

DISAPPROVED ☐

The following guidelines are designed to strengthen internal controls in the area of leave accountability and to insure an adequate audit trail. Additionally, these guidelines will insure agreement between the employee and his/her supervisor on amount and type of leave charged. The resulting documentation will facilitate resolving questions that may arise in subsequent months. These guidelines apply to all Weldon City Schools employees who earn leave.

1. A Leave Request Form must be completed for all leave, signed by the employee and submitted to the appropriate supervisor prior to the desired date.
2. The supervisor will approve/disapprove the leave request, sign in the appropriate space and return the second copy to the employee.
3. The supervisor will attach the original copy of the form to their copy of the monthly payroll transmittal and retain as part of the official payroll documentation. The records are subject to audit and should be kept current and readily available.

ORIGINAL – SUPERVISOR

COPY - EMPLOYEE