



Child Leave Request Form

Employee Name _____

Reason for Child Leave _____

Please provide a brief description

Date Completed _____

Date Received _____

Employee to Complete:	
Date Completed	_____
Expected Leave Start Date	_____
Expected Leave Return Date	_____

District Office to Complete:	
Date Received	_____
Actual Leave Start Date	_____
Actual Leave Return Date	_____

Leave Detail (at time of request)	
Available Personal Hours	_____
Available Sick Hours	_____
Requested Personal Hours	_____
Requested Sick Hours	_____
Hours/Days Unpaid	_____
Total Time Off Requested	_____

Leave Detail (on first day of leave)	
Available Personal Hours	_____
Available Sick Hours	_____
Actual Personal Hours	_____
Actual Sick Hours	_____
Actual Hours/Days Unpaid	_____
Total Time Off	_____

District Office to Complete:			
Current Salary	_____	Adjusted Salary	_____
Daily Rate of Pay	_____	Adjusted Daily Rate of Pay	_____
Deduct \$ per pay period	_____	Total Deduct \$	_____

Employee Signature _____

Supervisor Signature _____

Superintendent Signature _____

Document must be turned into HR/Payroll upon final approval