PARK CITY SCHOOL DISTRICT

2700 KEARNS BOULEVARD
PARK CITY, UT 84060

OFFICE: (435) 645-5600
FAX: (435) 645-5609

**Request to be absent from Work Location**

**General Information and Instructions**

This form must be completed and approved **PRIOR** to absence from the work location. Refer to Professional Agreements for detailed information.

**Types of Leave**

**(X.A.D) Professional Leave Professional Leave** Professional leave for all employees is defined as any absence on district business or approved professional development activity which involves absence from the work location for 1/4 day or more. Coaching and field trips are considered professional leave if a substitute is required. (A copy of the approved form must be attached to any request for reimbursement or advance travel payment.) The number of days a teacher may use professional leave requiring a substitute teacher may not exceed ten days in any school year. (These days must be tracked at the school level.)

**(X, A, D) Professional Leave paid by an outside entity** (examples: UEA, USOE) The cost for the leave must be charged to a school or school district account with reimbursement requested by the person responsible for that account. A copy of authorization for the charge **MUST** be attached to the form.

**(PTO) Paid Time Off** Educators may take no more than four consecutive PTO days annually with pay for personal reasons. A written request using the attached form shall be made at least 48 hours before taking such leave. PTO leave should not be taken the day before or after a school holiday or during the first five and last five days of the school year. Life events such as, but not limited to, graduations, marriage, births, unanticipated moves, illness and an emergency may require leave during this time. These requests must be made on the provided form along with a brief written explanation as to why the leave is necessary. As with all leave, administrators/supervisors have the right to not approve if it is going to jeopardize the safety and/or teaching, learning, and/or business requirements of the school, program, and/or department. PTO leave may be used by educators who wish to observe religious holidays by making a written request to the principal

**(L) Leave without Pay** Approval of leave without pay for up to a total of four days per year may be approved by the principal. All leave without pay must be submitted at least three days in advance and pre-approved. Leave without pay requests exceeding four (4) consecutive contract days must be submitted at least 30 days ahead of time and must be approved by Human Resources. Employee will pay for a substitute after 4 days. Criteria for approval include the special and unusual circumstances behind the request, the availability of a qualified substitute, and the absence history of the employee. Leave should not be taken before or after a school holiday, during the first and last weeks of school except in case of emergency.

**(L) Military Service** Contact the principal or Human Resources for information. Leave for military services is Leave without Pay.

**(V) Vacation Leave** (260-day employees only) See School Board Policy 7075: Twelve-month Staff Holidays and Vacations.

**(J) Jury Duty** Contact the Principal or Human Resources for information.

**(B) Bereavement Leave** Requests for funeral attendance for an employee's immediate family does not need to be formally requested. (Refer to the Classified or Licensed Professional Agreements for definitions) Funeral attendance for individuals not covered under immediate and extended family in sections of the professional agreements must be approved by the principal or the immediate supervisor. Such leave would be deducted from the employee's accumulated PTO leave.

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# REQUEST TO BE ABSENT FROM WORK LOCATION

Name _____ Location _____ **JOB NUMBER** _____

Requested Absence Date(s) _____ Total Hours Requested _____

## Type of Absence

**Professional Leave (mark one):**

_____ (X) Professional Development (course, conference, class) _____ (A) Athletics/Activities/Coaching

_____ (D) Other Professional Activity (meeting, fieldtrip, other district business)

Fund account number for sub pay _____

Person responsible for activity and funding approval _____

**_____ (P) Paid Time off (if available)** **_____ (L) Leave without Pay**

**_____(J) Jury Duty** **_____ (V) Vacation (12 month employees only)**

**_____ (B) Bereavement (requests for non-immediate family members only – see definition)**

**ATTACH EXPLANATION IF REQUIRED FOR YOUR TYPE OF REQUEST**

Employee Signature _____ Date _____

Administrator Signature _____ Date _____

District Approval _____ Date _____