



Where Panthers Excel Today and Lead Tomorrow

REQUEST FOR LEAVE & ABSENCE

For school business involving travel, also complete the Travel Authorization/Vehicle Request form.

Name: _____ Today's Date: _____
Start Date: _____ End Date: _____ Full Day(s): _____ Half Day(s): _____ ☐ AM ☐ PM Total: _____

NON-DISCRETIONARY LEAVE

Notify your supervisor and Frontline as soon as practicable; submit this form upon return when advance submission is not possible.

- | | |
|---|---|
| ☐ Personal illness or medical appointment | ☐ Immediate family illness or medical appointment |
| ☐ Family emergency (documentation may be required) | ☐ Birth, adoption, or foster placement (within first year) |
| ☐ Active military service | ☐ Death in immediate family (maximum 5 workdays). Rel: _____ |

Medical certification is required for more than 3 consecutive workdays and may also be required for a questionable absence pattern or when otherwise permitted by district policy.

DISCRETIONARY LEAVE

Submit the request to the principal or supervisor at least 3 days before the anticipated absence.

- ☐ Discretionary personal leave

Approval is based on the effect on the educational program or department operations and substitute availability. Discretionary use may not exceed 3 consecutive workdays.

- ☐ Comp time (eligible nonexempt staff only)

OTHER TYPES OF LEAVE

Submit prior to or upon return from leave, as applicable.

- | | | |
|---|---|---|
| ☐ Jury duty (documentation required) | ☐ Valid subpoena (documentation required) | ☐ Assault leave (report immediately) |
| ☐ Work-related injury or illness | ☐ FMLA / temporary disability / extended leave | |
| ☐ Other: _____ | | |

This form does not replace required Human Resources, FMLA, injury, workers' compensation, assault leave, or medical certification paperwork.

SCHOOL BUSINESS

Submit this form for approval at least 10 days before the requested absence from duty.

Purpose of Leave: _____

Destination: _____

Are funds being requested? ☐ No ☐ Yes Is student travel involved? ☐ No ☐ Yes
Bus Request Form completed? ☐ No ☐ Yes ☐ N/A Travel Authorization/Vehicle Request completed? ☐ No ☐ Yes

SUBSTITUTE INFORMATION

Frontline Absence Management notified? ☐ Yes ☐ No Job Number: _____

Substitute pre-arranged? ☐ Yes ☐ No ☐ N/A Substitute name: _____

If class coverage is needed, list time period(s) and person covering: _____

APPROVAL

_____ Supervisor	_____ Date	☐ Approved	☐ Not Approved
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Revised 08/20/2026

Lawrence Coleman
Interim Superintendent

Chris Alford
Assistant Superintendent of
Finance and Operations