

# NON-LICENSED EMPLOYEE LEAVE REPORT

(Check One) **Personal Leave** \_\_\_\_\_ **Sick Leave** \_\_\_\_\_ **Leave Without Pay** \_\_\_\_\_ **Bereavement** \_\_\_\_\_

Personal leave requests must be submitted, to the Principal/Supervisor, five (5) or more days prior to leave start date, except in emergencies. Sick leave requests **must** be submitted as soon as possible after returning to work.

**NAME OF EMPLOYEE** \_\_\_\_\_ **LOCATION** \_\_\_\_\_

**LEAVE DATE (S)** \_\_\_\_\_

**SIGNATURE OF EMPLOYEE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF PRINCIPAL/SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

***BOOKKEEPERS, ATTENDANCE CLERKS, RECEPTIONISTS, EDUCATIONAL ASSISTANTS, ADMIN ASSISTANTS, CUSTODIANS and SCHOOL NURSES:***

1. Are authorized five (5) personal leave days and five (5) sick leave days per year with pay. Only 2 days of each can be taken before Christmas break, plus any days carried over from previous year. A **maximum** of five (5) personal leave days may carry over to the next year. There is no limit to sick leave accumulation.
2. A signed leave form **must be** submitted for each day an employee is on leave, even when all leave has been exhausted. When all leave is exhausted the employee's pay will be docked.
3. Substitutes are **only** authorized **for** Special Education Assistants and Bus Drivers.

***BUS DRIVERS:***

Are only authorized five (5) sick days per year. All unused days are paid at the end of the school year. There is no accumulation of sick leave days.

**NAME OF SUBSTITUTE** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**SUBSTITUTING DATE(S)** \_\_\_\_\_

(Check One)

\_\_\_\_\_ **LICENSED SUBSTITUTE**

\_\_\_\_\_ **NON-LICENSED SUBSTITUTE**

Specify which fund to pay substitute	
Regular Ed _____	Vocational _____
Special Ed _____	Individual School fund _____
Federal Programs _____	Other (Specify) _____

**Gold**