

AUTAUGA COUNTY BOARD OF EDUCATION LEAVE OF ABSENCE REQUEST RECORD

NAME: _____

DATE: ___/___/___

EMPLOYEE POSITION: _____

SCHOOL: _____

EMPLOYEE NUMBER: _____

PHONE #: _____

TYPE OF LEAVE:

___ Personal Illness

___ Family Illness (Relationship to family member) _____

___ Maternity, Paternity, Adoption of child

___ On Job Injury (Accident report must be attached)

___ Military (21 paid days per calendar year)

___ Other (Please explain) _____

PROPOSED DATES OF LEAVE:

Requested date for leave to begin ___/___/___

Requested date to return to work ___/___/___

TO BE COMPLETED BY PRINCIPAL/SUPERVISOR

Substitute Required ___yes ___no Name of Substitute _____

Principal/Supervisor Signature _____ Date _____

PAYROLL ONLY

Sick Leave ___ Personal Leave ___ On Job Injury ___ Military ___

FMLA ___ Sick Leave Bank Loan ___ Catastrophic Leave ___

Unpaid ___ Other _____

Payroll Coordinator Signature _____

HUMAN RESOURCES ONLY

___ Approved ___ Denied

Approved Leave Dates: Beginning ___/___/___ Ending ___/___/___

Approved by: _____ Date Approved ___/___/___

Signature of Personnel Director