

Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF LEAVE**

 🞏 Annual (AL) # of hours: \_\_\_\_ 🞏 Bereavement (BL) # of hours: \_\_\_\_

 🞏 Sick (SL) # of hours: \_\_\_\_ 🞏 LWOP # of hours:\_\_\_\_\_

 🞏 Personal\* (PL) # of hours: \_\_\_\_ 🞏 Comp Time / FLEX # of hours: \_\_\_\_

 🞏 BD Leave/Other # of hours: \_\_\_\_ 🞏 Jury/Court Leave # of hours: \_\_\_\_

\*Each school year Education employees may use 24 hours of sick leave for personal time off.

**LEAVE EFFECTIVE:**

DATE(S) FROM: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ TIME: \_\_\_\_\_\_ AM/PM

 TO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_ AM/PM

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Coverage Needed : Obtained YES/NO :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

 Name of Individual

*(Applicable only to : Bus Drivers, Educational Assistants, Home Living Assistants, EMT's, Security, and Teachers)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Signature

**This section MUST be completed prior to supervisor's signature**

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**APPROVED / DENIED**

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 Supervisor's Signature Date

Revised: 04/03/14