

FRANKLIN COUNTY SCHOOLS
REQUEST FOR LEAVE
 (includes vacation and unscheduled leave, when applicable)

To be completed by the employee requesting permission for leave (other than unexpected sick leave); this must be completed and approved BEFORE the actual date of the requested leave.

Employee's Name: _____ School: _____

Date(s) of requested leave: _____

Type of requested leave: _____

If Bereavement Leave is requested, please include:		
_____	_____	_____
<i>Deceased family member</i>	<i>Date of death</i>	<i>Relationship to employee</i>

If Professional Leave (for professional development) is requested to attend a professional meeting, seminar, etc., complete -	
Name of meeting: _____	
Date(s): _____	Time: from _____ to _____
Sponsored by: _____	

If approved, this leave shall be: _____ With pay or _____ Without pay

Will a substitute be needed? _____ Yes or _____ No

If Yes, Substitute will be paid by: _____ Central Office (see below) or _____ School

_____ Signature of Employee		Approved? Yes No	_____ Date
_____ Signature of Principal/Supervisor/Director			_____ Date

Professional Meeting Only		
		Approved? Yes No
_____ Signature of Appropriate Director		_____ Date
Substitute will be paid by: _____ Central Office, General Purpose Budget		
For Central Office Use Only		
___ Sub Object 101 Title Funds	___ Sub Object 108 PreK Funds	___ Sub Object 210 Elementary Funds
___ Sub Object 220 Secondary Funds	___ Sub Object 71200 SPED Funds	___ Sub Object 71300 CTE funds
___ Staff Development 401	___ Other: Specify _____	

After this form is signed by the employee and principal/supervisor/director, please give to the Siesta Site Administrator. To then be forwarded to the Finance Office with timesheets- providing required supporting information.