

## Request for Leave

Employee Name: \_\_\_\_\_ Campus: \_\_\_\_\_

Date(s) to be absent: \_\_\_\_\_ Total Days to be absent: \_\_\_\_\_

Substitute Required:       None       Half-Day       Full Day

### TYPE OF ABSENCE (SELECT ONE)

#### School Business

Workshop

Student Activity (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

#### Non-Discretionary

Personal Illness       Family Illness       Death in Family

Jury Duty       Military Duty       Other (please specify) \_\_\_\_\_

*Please note that certification of personal/family illness is required if absence (1) exceeds three days, (2) occurs on a day when discretionary leave is prohibited, or (3) is required by supervisor. Jury and military duty require documentation. Please provide required documentation upon return to duty.*

#### Discretionary

Personal       Vacation

*Discretionary leave requires prior approval from principal or supervisor, and must be requested at least **3 days** prior to expected absence. Employees are not required to provide reason for use of discretionary leave.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

#### APPROVAL OF DISCRETIONARY LEAVE – TO BE COMPLETED BY SUPERVISOR

*NOTE: Only complete this section if the employee has requested the use of Discretionary Leave. Requests for discretionary absences exceeding 3 days require prior approval of the Superintendent.*

**Approved**     **Denied**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date