



Cameron Parish School Board

CHARLIE ADKINS, SUPERINTENDENT

510 Marshall Street

Cameron, LA 70631

Phone: 337-775-5784 Fax: 337-775-5097

APPLICATION FOR ANNUAL LEAVE

(CPSS Policy GBRD)

Name of employee: _____

Work Location: _____

Period for which leave is requested:

Beginning date: _____
(first day of leave)

Ending date: _____
(last day of leave)

Annual leave balance prior to this leave request: _____

Total number of annual leave days to be used for this request: _____

School administrators please email Payroll Accountant for a verification of the annual leave balance prior to you approving this leave.

GUIDELINES:

1. All leave must be requested on this form in advance of the annual leave dates requested. All annual leave must be applied for and approved by the superintendent or the employee's immediate supervisor. Employees shall work with their immediate supervisor to ensure their annual leave days do not interfere with expected job duties at the time leave is requested.
2. The minimum charge to annual leave records shall not be less than one half (1/2) day.
3. Employees exceeding their annual leave shall have their pay deducted at their full daily rate of pay.

(SIGNATURE OF EMPLOYEE)

(DATE)

REQUEST FOR ANNUAL LEAVE	<u>APPROVED</u> _____	<u>DENIED</u> _____
COMMENTS: _____		

_____	_____	_____
(EMPLOYEE'S IMMEDIATE SUPERVISOR)		(DATE)

ATTACH FORM TO ABSENTEE SHEET SUBMITTED AT END OF PAY PERIOD