

Sick Leave

- S0 Other Funeral (Support)
- S01 Other Funeral (Certified)
- S1 Personal Illness
- S2 Family Illness
- S3 Doctor/Dental (Certified)
- S4 Dental (Support)
- S5 Doctor (Support)
- S6 Family Death
- S7 Work Comp
- S8 Family/Medical Leave

Seminars/Meetings

- X2 Field Trip/Contest
- X7 Staff Development
- X10 AD/Coaching/Mtg.
- X13 FCCLA
- X14 Professional Leave
- X15 Jury Duty/Election Judge
- X16 Administrative Mtgs.
- X17 Title 1

Other Leave

- X6 Unpaid
- V1 Vacation
- P1 Personal Leave
- X18 Comp. Time Used
- X20 COVID (Family)
- X21 COVID (Self)

I am requesting to use:

(A) _____ leave on _____ for _____ day(s) and/or _____ hour(s).

(B) I will leave at _____ and will return at _____.

(C) Is a sub needed for your position? Yes No

I was gone on _____, and am requesting to use _____ day(s) and/or _____ hours(s) of _____ leave.

Explanation of leave (if needed): _____

Place & Time of Mtg/Seminar: _____ Type of Mtg./Seminar: _____

Est. Dist. Cost: _____ Hours Spent at Mtg./Seminar: _____

Name (Printed) Signature (Employee) Date

Action of Leave Request

Your request for the above _____ has been granted denied.

You are to notify the principal, by showing this form, that you will be gone from your assigned duties for the above time.

Date Received: _____

Date Completed: _____

Administrator Signature

Date when received and completed.

_____ Business Manager

_____ HR/Payroll

_____ Administrative Assistant