

REQUEST FOR LEAVE

All leaves need to be submitted to Supervisor for documentation as soon as possible.

Please note all leaves with an asterisk (*) require documentation. All leaves with two asterisks () require prior approval.**

Name _____

Date requested to be absent _____ Site _____

To be absent from _____ am/pm to _____ am/pm Total hours to be absent _____

Type of Absence (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Vacation** | <input type="checkbox"/> Jury Duty Summons* |
| <input type="checkbox"/> Industrial Accident* | <input type="checkbox"/> Maternity Leave* | <input type="checkbox"/> Leave with pay ** |
| <input type="checkbox"/> Personal Necessity** | <input type="checkbox"/> Conference* | <input type="checkbox"/> District/School Business* |
| <input type="checkbox"/> Comp Time (earned) ** | <input type="checkbox"/> Contract Day | <input type="checkbox"/> Non Contract Day ** |
| <input type="checkbox"/> Comp Time (used) ** | | |

For clarification on Comp Time see CFA contract section 7.2.8.4 & 12.6.4 or CSEA contract section 8.8

Bereavement (please indicate relationship) _____

Other (please list) _____

Reason for request (*Attach documentation or provide explanation / ** Needs prior approval)

Employee Signature _____ Date _____

Notes: _____

Immediate Supervisor's Signature _____ Date _____

Approved Not Approved Reason _____