

## 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 \_\_\_\_\_

Revised 12/04/15; 10/02/2017