# PERSONNEL EA03.123 AP.2

Leave Request Form and Statement

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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🞏 PERSONAL LEAVE: Requested under the terms of policies 03.1231/03.2231.

Date(s) of personal leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_ Substitute Needed 🞏

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🞏 SICK LEAVE: Requested under the terms of policies 03.1232/03.2232.

Date(s) of sick leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_ Substitute Needed 🞏

Check one: 🞏 Employee’s illness 🞏 Illness of family member 🞏 Mourning death of an immediate family member\*

Is sick leave being used for emergency leave purposes, pursuant to policy? 🞏 Yes 🞏 No

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**🞏** **ATTENDED PROFESSIONAL MEETING Date of meeting:\_\_\_\_\_\_\_\_\_\_\_ Title of Meeting \_\_\_\_\_\_\_\_\_\_\_\_**

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**🞏** **ABSENCE TO BE DEDUCTED Date of Absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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🞏 MATERNITY/ADOPTION/CHILDREARING LEAVE: Requested under the terms of policies 03.1233/03.2233.

Estimated date(s) of leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 paid maternity leave /number of sick leave days \_\_\_\_\_\_\_ 🞏 unpaid maternity leave

🞏 paid birth or adoption leave (not to exceed 30 days) /number of sick leave days \_\_\_\_\_\_\_\_\_

🞏 unpaid childrearing leave

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🞏 JURY LEAVE: Requested under the terms of policies 03.1237/03.2237.

Date(s) of jury leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

🞏 Employee will Sign Over Court-Issued Jury Pay Check to district.

🞏 Employee will Reimburse District for any Jury Pay received.

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🞏 MILITARY/DISASTER SERVICES LEAVE: Requested under the terms of policies 03.1238/03.2238.

Date(s) of leave: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Days: \_\_\_\_\_\_\_\_\_ Substitute Needed 🞏

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I understand that if I have provided information that is not true, I may be subject to disciplinary action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Employee’s Signature Date***

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***Superintendent/designee’s Signature Approving Leave as Requested Date***

\*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.