

Leave Request Form and Statement

NAME: <u>Taylor Rogers-Townsend</u>	LOCATION: <u>CCE</u>
DATE SUBMITTED: <u>10/17/2023</u>	

PERSONAL LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231. (SEE NEXT PAGE FOR REQUIRED STATEMENT)

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

SICK LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1232/03.2232. (SEE NEXT PAGE FOR STATEMENT THAT MAY BE REQUIRED)

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS _____ SUBSTITUTE NEEDED

CHECK ONE: EMPLOYEE'S ILLNESS ILLNESS OF FAMILY MEMBER* MOURNING

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO POLICY? YES NO

MATERNITY/ADOPTION/CHILDREARING LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.

ESTIMATED DATE(S) OF LEAVE 12/4/23 TO 1/30/24 SUBSTITUTE NEEDED

PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS 30 UNPAID MATERNITY LEAVE

PAID BIRTH OR ADOPTION LEAVE (NOT TO EXCEED 30 DAYS) /NUMBER OF SICK LEAVE DAYS _____

UNPAID CHILDREARING LEAVE _____

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.

MILITARY/DISASTER SERVICES LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.

DATE(S) OF LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

EMERGENCY LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1236/03.2236. (SEE NEXT PAGE FOR REQUIRED STATEMENT)

DATE(S) OF EMERGENCY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

BEREAVEMENT DISASTERS COURT/LEGAL OTHER, SPECIFY: _____

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO POLICY? YES NO

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

[Signature]
Employee's Signature

10-17-23
Date

Superintendent/designee's Signature Approving Leave as Requested

Date