

Unified School District No. 224
Application For Leave

Applicant's Name _____ School/Bldg. _____ Appl. Date _____

Absences by an employee at various times throughout the year are unavoidable; however, any absence of an employee from the School District has a detrimental effect on the process of the students. If it is necessary that an employee be absent, arrangements should be made in advance if at all possible. Proper documentation of all absences is necessary for payroll computation, substitute pay, and budget determination. When submitting an APPLICATION FOR LEAVE form, please fully complete the items below.

In accordance with policies of the Board of Education, I hereby request:

Leave on _____
Month Day(s) Year

_____ Month Day(s) Year

Leave for _____ Full Day(s) and/or Leave for _____ Half Day(s) _____ A..M. _____ P.M. for the following reason: (Please check one)

Certified Employee

 (Administrator-Instructor-Library)

Classified Employee

 (Secretary-Custodian-Food Service-Transportation)

Circle Appropriate Department Above

Circle Appropriate Division Above

- ___ 1.* Personal Leave
- ___ 2. Sick Leave
- ___ 3. Funeral Leave
- ___ 4. Jury Duty
- ___ 5.** Non-Professional Meeting
- ___ 6.*** Professional or In-Service
- ___ 7. Vacation Leave

- ___ 1.* Personal Business Leave
- ___ 2. Sick Leave
- ___ 3. Funeral Leave
- ___ 4. Jury Duty
- ___ 5.** Non-Professional Meeting
- ___ 6.*** Professional or In-Service
- ___ 7. Vacation Leave

1*, 5** and 6*** (When applying for this type of leave, please explain the nature of the business or meeting which requires your absence from the School Dist.)

Comments: _____

 _____ Principal _____ Date _____

Approved _____ Disapproved _____
 _____ Superintendent _____ Date _____

Conditions: _____

- For Personnel Office Use Only (Do not write in this space)
1. Full Deduction 2. Substitute Deduct Only 3. No Deduction Pay

 Personnel Official Date

1st Copy-Central 2nd Copy-Principal's Office 3rd Copy-Employee

