



# APPLICATION FOR LEAVE OF ABSENCE Exempt & Admin (PVP) Staff

REVISED \_\_\_\_\_

## PART A: COMPLETED BY THE EMPLOYEE

Employee Name: \_\_\_\_\_ Date(s) Requested: \_\_\_\_\_

Employee #: \_\_\_\_\_ School/Location: \_\_\_\_\_ FTE Absent: \_\_\_\_\_

Please mark the type of leave being requested: *(Note all long-term leaves must be requested in writing to superintendent)*

- |   |   |
|---|---|
| <input type="checkbox"/> Bereavement        | <input type="checkbox"/> Vacation   |
| <input type="checkbox"/> Dental (Employee)  | <input type="checkbox"/> Discretionary  |
| <input type="checkbox"/> Dental (Family)    | <input type="checkbox"/> Leadership Meeting                                   |
| <input type="checkbox"/> Medical (Employee) | <input type="checkbox"/> District Committee                                   |
| <input type="checkbox"/> Medical (Family)   | <input type="checkbox"/> Professional Development                             |
| <input type="checkbox"/> Sick (Employee)    | <input type="checkbox"/> Accounts Receivable                                  |
| <input type="checkbox"/> Sick (Family)      | <input type="checkbox"/> Other _____<br><i>(please provide details below)</i> |

Details/Explanation of leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART B: TO BE COMPLETED BY DIRECT SUPERVISOR

Name of Replacement (If required): \_\_\_\_\_ Replacement Employee # \_\_\_\_\_

Replacement FTE Required: \_\_\_\_\_ Absence Tracking Number \_\_\_\_\_

District Funds \_\_\_\_\_ School Funds \_\_\_\_\_ Accounts Receivable \_\_\_\_\_

Additional Information by Supervisor: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's signature of approval: \_\_\_\_\_

## PART C: DISTRICT APPROVAL

District Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

District Notes: \_\_\_\_\_  
\_\_\_\_\_

