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)*

- ◯ Bereavement
- ◯ Dental *(Employee)*
- ◯ *Dental (Family)*
- ◯ Medical *(Employee)*
- ◯ Medical *(Family)*
- ◯ *Sick (Employee)*
- ◯ Sick *(Family)*
- ◯ Vacation
- ◯ Discretionary
- ◯ Leadership Meeting *(ELT Team)*
- ◯ District Committee
- ◯ Professional Development
- ◯ Accounts Receivable
- ◯ Other _____ ***(please provide details below)***

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: _____

_____

Last updated: September 3, 2024

Call Out Notes:

Date:	Time:	Person Called:	Response/Notes: