

REQUEST FOR LEAVE OF ABSENCE

Report absences in hours to the nearest ¼ hour (.25, .50, .75, 1.00 hours).

Except for sick leave and worker's compensation, this form must be completed in advance of taking a leave of absence and bear the signature of the employee's immediate supervisor.

Following completion of any related data entry, print a copy of the screen and attach it to the original signed form. Please *Do Not Forward* the original to the payroll department. Retain it in your departmental files for future leave corrections and/or adjustments. On-line leave adjustments will be entered by the payroll department. If an adjustment is necessary, use the original form to make the correction and send a copy of the corrected form to the payroll department.

CHECK DATE:			DEPARTMENT:		
REPORTING PERIOD			NAME:		
START:	END:				
LEAVE APPROVED			LEAVE ADJUSTMENT		
DATES	TYPE	HOURS	DATES	TYPE	HOURS

LEAVE TYPE CODES

- | | |
|---|--|
| <p>BEVM Bereavement - Paid
 CMPU Comp. Time Used
 DISB Extended Disability
 FMLA Family & Medical Leave - Not Paid
 FMSK Family & Medical Leave - Using Sick
 FMVA Family & Medical Leave - Using Vacation
 JURY Jury Duty - Paid
 LWOP Leave Without Pay
 MILT Military - Paid</p> | <p>PERP Personal Day - Paid
 PROF Professional Day - Paid
 PWOP Personal Day - Not Paid
 SICK Sick Day - Paid
 SWOP Sick Day - Not Paid
 TRVA Transfer of vacation to sick
 VACA Vacation - Paid
 WCNP Worker's Comp (From 6 day on)
 WCPD Worker's Comp (First 5 days - Paid)</p> |
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Pursuant to Board Policies with implementing procedures, I hereby request to be absent from duty for the purpose(s) stated above. Also, if this absence is related to sick leave, this is to certify that the leave was necessary because of illness as determined by Board Policy 6Hx2-3.11 and that I am entitled to receive pay subject to having such leave accrued.

Date: _____ Signature of Employee: _____

Date:* _____ Approved by: _____

* Date must be prior to leave beginning date except for sick and worker's compensation.