

Leave Request Form and Affidavit

NAME: _____	LOCATION: _____
DATE SUBMITTED: _____	

PERSONAL LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)
 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 AFFIDAVIT 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 _____ TO _____ SUBSTITUTE NEEDED
 PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS _____ 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 AFFIDAVIT)
 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.

Employee's Signature _____
Date

Superintendent/designee's Signature Approving Leave as Requested _____
Date

