



EMPLOYEE LEAVE REQUEST

Employees should complete this form for ALL requested leave except Sick Leave for less than 4 consecutive work days. The leave request should be entered into **Absent Management** BEFORE submitting this form to your supervisor, leave clerk, or designated staff member. Include the Confirmation # assigned by **Absent Management** in the space provided. Attach any supporting documentation.

Employee Name _____ Employee # _____

Date of Absence: _____ Hours _____ Reason Code: _____ Confirmation #: _____

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REASON CODES

- 300 – Vacation
- 310 – Sick leave more than 3 days ^{6,7}
- 310 – 320 Personal ^{1,6}
- 310 – 321 Maternity leave ⁶
- 310 – 312 Work Comp using SL ⁶
- 310 – 378 Bereavement ⁶
- 310 – 380 Religious ⁶
- 322 – Paid Parental Leave ⁷
- 340 – Professional ²
- 342 – Professional Learning ³
- 399 – Leave Without Pay
- 360 – Comp Time ⁴
- 370 – Field Trip ^{4,5}
- 372 – Jury Duty
- 374 – Subpoena ⁵
- 376 – Military ⁷
- 330 – Float
- 389 – Approved Work-at-Home

PROFESSIONAL LEARNING: If substitute is required, identify funding source:

____ Title I ____ Title II-A ____ Title III ____ SPED ____ Local Funding
 ____ Consolidated Funding ____ Other _____

Employee Signature _____ Date _____

Supervisor Approval _____ Date _____

System Approval (if required) _____

¹ No more than 3 school days/year; not to be taken before/after a holiday or during designated critical days without express prior approval

² Use when representing the school/system; presenting at a meeting/conference; athletic/competition event

³ Provide explanation and identify funding source _____

⁴ Prior approval required

⁵ Job-related only

⁶ Leave deducted from available sick leave balance

⁷ Must be accompanied by a Family Medical Leave request form

** Professional Learning may require system-level approval of funding source

*Attach appropriate documentation (e.g., conference/workshop agenda, flier, etc.)