



## 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 <sup>6,7</sup>  
 310 – 320 Personal <sup>1,6</sup>  
 310 – 321 Maternity leave <sup>6</sup>  
 310 – 312 Work Comp using SL <sup>6</sup>  
 310 – 378 Bereavement <sup>6</sup>  
 310 – 380 Religious <sup>6</sup>  
 322 – Paid Parental Leave <sup>7</sup>  
 340 – Professional <sup>2</sup>  
 342 – Professional Learning <sup>3</sup>  
 399 – Leave Without Pay  
 360 – Comp Time <sup>4</sup>  
 370 – Field Trip <sup>4,5</sup>  
 372 – Jury Duty  
 374 – Subpoena <sup>5</sup>  
 376 – Military <sup>7</sup>  
 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) \_\_\_\_\_

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

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

<sup>3</sup> Provide explanation and identify funding source \_\_\_\_\_

<sup>4</sup> Prior approval required

<sup>5</sup> Job-related only

<sup>6</sup> Leave deducted from available sick leave balance

<sup>7</sup> 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.)**