Refer to the Board Policy Manual regarding absences for certified and non-certified employees.

Employee Notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME-OFF REQUEST FORM

Employee’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date for Requested Time-Off\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Day \_\_\_\_\_ Half Day AM\_\_\_\_\_ Half Day PM\_\_\_\_\_ Qtr Day AM\_\_\_\_\_ Qtr Day PM\_\_\_\_\_

Substitute Preference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Time-Off - Check One

\_\_\_\_\_ Sick Day \_\_\_\_\_Funeral

\_\_\_\_\_ Dr. Appt. – Self \_\_\_\_\_Personal Day

\_\_\_\_\_ Dr. Appt. – Family

\_\_\_\_\_ School Business Day: Specify Purpose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ PDC

Does this leave qualify for FMLA (Family Medical Leave Act) \_\_\_\_\_Yes \_\_\_\_\_No

If you are out of sick leave, do you wish to purchase your retirement service time? \_\_\_\_\_\_\_\_\_\_

I authorize payroll to deduct time absent from accumulated leave time or dock time absent

from payroll if no leave time is available. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature

Administrator’s Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

Actual Substitute\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Time for Substitute: Full Day\_\_\_\_\_ Half Day AM\_\_\_\_\_ Half Day PM\_\_\_\_\_