

# School District of Clay County

## Leave of Absence Request and Authorization Form

Name \_\_\_\_\_ Social Security No. - \_\_\_\_\_ Job# \_\_\_\_\_

(Last Four Digits)

School/Department \_\_\_\_\_ Position \_\_\_\_\_

**NOTE: Only one leave form should be completed each pay period for each of the following types of leave.**

I REQUEST APPROVAL OF LEAVE FOR PAY PERIOD \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ PAYDATE \_\_\_/\_\_\_/\_\_\_ FOR THE FOLLOWING REASON(S):

**Record actual dates, times and number of hours in the blanks before each applicable reason.**

**(Administration Only)** \_\_\_ **Bucket 1** (Leave accumulated Prior to 6/30/04) OR \_\_\_ **Bucket 2** (Leave Accumulated After 7/01/04)

|  | DATE |    | TIME |    | #HOURS | ACCEPTED/DECLINED |
|--|------|----|------|----|--------|-------------------|
|  | FROM | TO | FROM | TO |        |                   |

**Sick Leave** \_\_\_\_\_

If not self, relationship \_\_\_\_\_

(Required for sick leave) \_\_\_\_\_

**Emergency Leave** \_\_\_\_\_

(Charged against sick leave) \_\_\_\_\_

**Personal Leave** \_\_\_\_\_

(Requires (1) day advance approval) \_\_\_\_\_

|  | DATE |    | TIME |    | #HOURS | ACCEPTED/DECLINED |
|--|------|----|------|----|--------|-------------------|
|  | FROM | TO | FROM | TO |        |                   |

**Annual Leave** \_\_\_\_\_

(Requires advance approval) \_\_\_\_\_

**FOR DROP PARTICIPANTS ONLY-CHECK ONE BOX**

I elect to request a lump sum monetary payout of ALL unused annual leave. Payments will be disbursed to the 401 (a) program (subject to IRS limits)

I elect to request a partial lump sum monetary payout of \_\_\_\_\_ hours of my unused annual leave to the 401 (a) program (subject to IRS limits)

I do not elect to receive a monetary lump sum payout of my annual leave.

**Family Medical Leave Without Pay and Personal Leave Without Pay**

( PL Without Pay Must be submitted (3) days prior to requested date of leave)

|  | DATE |    | TIME |    | #HOURS | ACCEPTED/DECLINED |
|--|------|----|------|----|--------|-------------------|
|  | FROM | TO | FROM | TO |        |                   |

**Leave Without Pay** \_\_\_\_\_

I understand the provisions of the leave requested and certify statements made are correct and accurate. I understand that I am responsible for keeping my supervisor informed of any change in this request and I further understand that my leave can be granted only with approval of my Supervisor or the Superintendent.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Immediate Supervisor or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Keyed: \_\_\_\_\_ By: \_\_\_\_\_

COPIES: White - Leave File    Yellow-Employee    Pink-Supervisor