

SCHOOL DISTRICT OF CLAY COUNTY APPLICATION FOR LEAVE

Section I Type of Leave

Illness in Line-of-Duty Court Leave Association Leave (With approval of Union President)
TDE (Out-of-County) Professional Leave Bereavement Leave (With approval of Supt./ Designee)

Section II Payroll Information

To be completed by cost center personnel

Ending Pay Period Pay Period JB# School/Dept.
Normal work hours per day Date leave keyed Keyed by (Initials)

Section III Request/ Employee Information

ALL INFORMATION TO BE COMPLETED/SEE BACK FOR INSTRUCTIONS

Date of Request

Name

Position Social Security # XXX - XX -

Date leave begins Time a.m. p.m.

Date leave ends Time a.m. p.m.

Date returned to work Time a.m. p.m.

TOTAL HOURS REQUESTED

- a. Destination/Location
b. Purpose/Reason
c. Circumstances
d. Physician name

I understand the provisions of Board policy and/or Master contract regarding the leave requested and certify statements made are correct and accurate. I understand that my leave can be granted only with prior approval of my Supervisor and the Superintendent/Designee.

Signature of Employee Date

Section IV Approval

Signature of Supervisor Date

NOTE: SUBMIT ONLY ILLNESS-IN-LINE-OF-DUTY AND ASSOCIATION LEAVE TO HUMAN RESOURCES. BEREAVEMENT LEAVE IS SUBMITTED DIRECTLY TO THE ASSISTANT SUPERINTENDENT FOR HUMAN RESOURCES FOR SUPERINTENDENT/ DESIGNEE APPROVAL. OTHER LEAVE FORMS ARE MAINTAINED AT THE WORK SITE.

Approved Denied Keyed Agenda Date

Superintendent/Designee

Submit both copies of ILOD or Association Leave to Human Resources. Bereavement Leave is submitted directly to the Assistant Superintendent for Human Resources, with documentation, for approval.