



## EMPLOYEE LEAVE FORM

**Employee Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Type of Leave:**  Advanced Leave Request

Notification of Leave Taken

**Work Site:**  CHS

Heartland Ranch

Coolidge Jr. High

West

Technology

Food Service

District Office

Human Resources

Special Services

Curriculum

Support Services

CAP

Date(s) of Leave:	Leave Plan Used	Hours/Days Absent:
	<input type="checkbox"/> Sick Leave	
	<input type="checkbox"/> Personal Leave	
	<input type="checkbox"/> Vacation Leave	
	<input type="checkbox"/> Compensation Leave	
	<input type="checkbox"/> Floating Holiday	
	<input type="checkbox"/> Professional Leave Workshop/Conference: _____ Expense to be paid by (budget code): _____ <del>If District paid, Total Cost (i.e. registration, meals, accommodations, airfare, etc): _____</del>  # Days Away: _____ # Working Days Away: _____  District Vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No      Sub Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Bereavement – Please identify your relationship to the deceased:	
	<input type="checkbox"/> Jury Duty – Must attach documentation	
	<input type="checkbox"/> Other	

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Administrator/Supervisor Signature

\_\_\_\_\_  
 Date

**ADMINISTRATOR/SUPERVISOR USE ONLY**

Administrator/Supervisor Action:  Leave Request Denied

Pay Reduction Required:  Yes  No

\_\_\_\_\_  
 Reason for Leave Request Denial/Pay Reduction

\_\_\_\_\_  
 Administrator/Supervisor Signature

\_\_\_\_\_  
 Date