

LEAVE REPORT

Name _____ Employee ID# _____ Campus/Dept _____

Teacher Administrative/Professional Clerical/Paraprofessional Head Start Technology Manual Trades

Leave is granted in accordance with policy DEC. You may elect the order in which you use leave. The leave you elect must coincide with the reason for your absence. If you do not make an election on this form or if the leave you elect does not have a balance, the district will apply available leave in the order below, as applicable. Your election will only be accepted on this form and you may not change your election after the form is submitted.

1. **State Sick Leave (prior to 1995-96)** - Used for personal illness, illness of or death in immediate family or family emergency.
 2. **Local Sick Leave** - Used for personal illness, illness of or death in immediate family or family emergency.
 3. **State Personal Leave** - Discretionary or Non-Discretionary
 - Non-discretionary* - Used for personal illness, illness in or death of immediate family or family emergency.
 - Discretionary* - Taken at employee’s discretion, subject to limitations. Written request to supervisor 3 days in advance required.
 4. **Local Personal Leave (professional employees only)** – 2 days per year maximum and \$60 per day deducted.
- If you are absent more than five consecutive workdays for personal illness or illness in immediate family – medical certification is required.
 - If you are absent more than three days on extended leave (as related to FMLA) – you must notify Renee Dunagan at 947-3838 x788.

Check	EMPLOYEE’S ELECTION OF LEAVE You may elect the leave you wish to take – check appropriate box. Reason for absence must meet the criteria outlined above.
<input type="checkbox"/>	State Sick Leave (prior to 1995-1996)
<input type="checkbox"/>	Local Sick Leave
<input type="checkbox"/>	State Personal Leave - Non-discretionary
<input type="checkbox"/>	State Personal Leave - Discretionary - Required written request to supervisor 3 days in advance
<input type="checkbox"/>	Local Personal Leave @ \$60 per day – professionals only
<input type="checkbox"/>	Assault Leave

Reason for Absence	Date(s) of Absence	# Days	
<input type="checkbox"/> Personal illness or medical appointment			
<input type="checkbox"/> Family illness or family medical appointment – Specify relationship:			
<input type="checkbox"/> Death in family – Specify relationship:			
<input type="checkbox"/> Personal business – <i>Three days notice required.</i> Date of written request:			
<input type="checkbox"/> Personal business – Professional employees only – \$60 per day deducted			
<input type="checkbox"/> Jury duty – Attach copy of summons (required)			
<input type="checkbox"/> Staff Development – Title: Funding Source: Budget Code:			
<input type="checkbox"/> Other – Specify: Budget Code:			
Substitute Name	Sub ID#	Date(s) Worked	# Days

Employee Signature _____ Date _____

Principal or Supervisor Signature _____ Date _____