



STATEMENT OF LEAVE

Employee Name	Employee ID#
School/Dept	Position

Date(s) of Absence: _____

Number of Day(s): _____ OR Hour(s): _____

Explanation of Absence:

- | | |
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| <p><input type="checkbox"/> ILLNESS (SCK)** (CHOOSE ONE)</p> <p style="padding-left: 20px;"><input type="checkbox"/> PERSONAL (ILL)</p> <p style="padding-left: 20px;"><input type="checkbox"/> CHILD UNDER 18 (ILC)</p> <p style="padding-left: 20px;"><input type="checkbox"/> CHILD OVER 18 (ILD)</p> <p style="padding-left: 20px;"><input type="checkbox"/> SPOUSE (ILS)</p> <p style="padding-left: 20px;"><input type="checkbox"/> PARENT (ILP)</p> <p style="padding-left: 20px;"><input type="checkbox"/> OTHER (ILO)</p> <p><input type="checkbox"/> VACATION (VAC)*</p> <p><input type="checkbox"/> PERSONAL LEAVE (PRS)*</p> <p><input type="checkbox"/> OTHER (PLEASE SPECIFY) _____</p> | <p><input type="checkbox"/> LEAVE WITHOUT PAY (LWO)</p> <p style="padding-left: 20px;"><input type="checkbox"/> CHILD CARE LEAVE (CCL)</p> <p><input type="checkbox"/> JURY DUTY (JRY)</p> <p><input type="checkbox"/> BEREAVEMENT/RELIGIOUS (BRL)</p> <p style="padding-left: 20px;"><input type="checkbox"/> BEREAVEMENT (BRL)</p> <p style="padding-left: 20px;"><input type="checkbox"/> RELIGIOUS (RLG)</p> <p><input type="checkbox"/> MILITARY DUTY (MIL)</p> <p><input type="checkbox"/> LEAVE WITH PAY (LWP)</p> <p><input type="checkbox"/> STAFF DEVELOPMENT (STD)</p> <p><input type="checkbox"/> NATIONAL BOARD CERT LEAVE (NBC)</p> |
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*Approval of Supervisor is required prior to date of leave

Employee Signature _____ **Date** ____/____/____

The absence listed above is:

APPROVED

NOT APPROVED (Full salary will be deducted)

Explanation _____

Principal/Supervisor Signature _____ **Date** ____/____/____

**For any absence beyond three days or 24 hours in case of sickness, a doctor's certificate must be attached. The Superintendent may require a doctor's certificate for one or more days of sick leave, if necessary.

FOR TERMS PROCESSOR	Received	Processed	Scanned
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