

Refer to the Board Policy Manual regarding absences
for certified and non-certified employees.

Employee Notified _____

TIME-OFF REQUEST FORM

Employee's Name _____

Today's Date _____

Date for Requested Time-Off _____

Full Day _____ Half Day AM _____ Half Day PM _____ Qtr Day AM _____ Qtr Day PM _____

Substitute Preference: _____

Reason for Time-Off - Check One

Sick Day

Funeral

Dr. Appt. – Self

Personal Day

Dr. Appt. – Family

School Business Day: Specify Purpose _____

PDC

Does this leave qualify for FMLA (Family Medical Leave Act) Yes No

If you are out of sick leave, do you wish to purchase your retirement service time? _____

**I authorize payroll to deduct time absent from accumulated leave time or dock time absent
from payroll if no leave time is available.** _____

Employee's Signature

Administrator's Initials _____

FOR OFFICE USE ONLY

Actual Substitute _____

Amount of Time for Substitute: Full Day _____ Half Day AM _____ Half Day PM _____