

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 _____ $\frac{3}{4}$ Day _____ $\frac{1}{2}$ Day _____ $\frac{1}{4}$ Day _____ ___AM ___PM

Substitute Preference: _____

Reason for Time-Off - Check One

_____ Sick Day

_____ Dr. Appt. – Self (Sick Leave)

_____ Dr. Appt. – Family (Sick Leave)

_____ Funeral (Sick /Personal Leave)

_____ PDC

_____ Personal Day

_____ Jury Duty

_____ Vacation (12 month Emp only)

_____ COVID

_____ School Business Day: Specify Purpose _____

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 _____ $\frac{3}{4}$ Day _____ $\frac{1}{2}$ Day _____ $\frac{1}{4}$ Day _____