



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Requested Dates	
From:	Time
To:	Time
No. of Days:	

Name

School/Department

Position

Type of Leave Requested

VACATION

SICK LEAVE

Related to Injury-In Line of Duty

PERSONAL LEAVE

*With Pay

Without Pay

(*Explanation: If this request is submitted less than five (5) days prior to the dates requested, after the date requested or for a day before or after a holiday or recess period, an explanation of the circumstances must be provided on this form or on an attached sheet)

JURY DUTY

MILITARY LEAVE

FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting

TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee

Signature:

Date:

Approved:

Date:

Not

Approved:

Date:

Leave

Granted:

Date:

Not

Granted:

Date: