

BLACKWATER COMMUNITY SCHOOL

APPLICATION FOR LEAVE FORM

NAME:

DATE:

I hereby apply for : Hour (s)

Please Select:

Earned Paid Sick Leave (Prop 206 Leave-up to forty (40) hours each school year. FMLA

*Personal Leave (up to thirty-two (32) hours allowed each school year)

**Health & Wellness Leave Purpose: FMLA

Injury-Worker's Comp Yes No FMLA

Bereavement

Training or Business Travel Details:

Other Reasons for absence: Details:

Training or Business Travel Details:

Beginning Time: Date :

Ending: Date :

-I understand that any leave authorized in excess of the amount available to me during the leave year will be changed to time off without pay (TOWP).

-All annual leave must be requested and approved in advance. Scheduled doctor's appointments and other reasons for absence that are known ahead of time this form to be completed and approved prior to your time off.

-*Personal leave is deducted from the health and wellness leave bank. To qualify for Personal leave the request must be submitted and approved no less than 24 hours in advance.

-**All Earned Paid Sick Leave (Prop 206 Leave) must be exhausted before health and wellness leave will be approved.

Employee Signature:

Supervisor Signature:

TO BE COMPLETED BY ADMINISTRATION:

Yes, approved Not, approved Administration approval/denial Date:

Reason for Denial:

Pre scheduled, No Occurrence Counted

Unscheduled, Occurrence will be Counted

Earned Paid Sick Leave-Prop 206 leave (No Occurrence Counted)

Does this day fall on a day with a previously scheduled school event or before or after a holiday?

Yes No

Please save a local copy for your records.