



Name	Employee ID (last six digits of SSN)			
School/Dept	chool/Dept Position			
	Please complete this form or immediately upon your re			
Number of Leave Days Requested	Reason for Absence	Code	Dates of Absences (MM/DD/YY)	Substitute Needed?
	Sick Leave	01		Y / N
	Compensatory Leave	СТ		Y / N
	Annual Leave	20		Y/N
	Bonus Annual Leave	28		Y / N
	Special Bonus Annual Leave	29		Y / N
	Personal Leave \$50 deduction-Teachers only	06		Y/N
	Personal Leave Non-instuctional Day (TWD) No deduction (Teachers Only)	26		Y/N
	Leave without Pay	07		Y/N
	Extended Sick Leave \$50 deduction-Teachers only Prior approval from Personnel	03		Y/N
	TA subbing for Teacher Days Pay Deduction Output Days Pay Deduction	37		Y/N
	Parental Involvement	10		Y/N
	Absence with no deduction Jury Duty/Civil Leave (summons required) Military Leave (Personnel approval required) Other(specify)	04-00		Y / N
	If no substitute is hired when a teacher takes per es beginning teacher daily rate of pay	rsonal leave, RCS sha	all refund the \$50 deduction	
Employee			Date	
Supervisor	App	roved \Box	Denied Date	