

CENTRAL CONSOLIDATED SCHOOL DISTRICT

Request for Leave Form

To be submitted at least 48 hours in advance unless an emergency arises.

Today's Date: _____

Name (Print): _____

School/Location: _____

Leave Request Details

Date(s) Requested: _____

Total Leave Time: ☐ Full Day(s) _____ Days ☐ Partial Day _____ Hours

If Partial Day: Leaving at _____ am/pm Returning at _____ am/pm

Reason for Leave to supervisor (Check all that apply)

- ☐ Employee's Health-Related Leave ☐ Immediate Family/Household Health Leave
☐ Doctor/Dentist/Eye Appointment ☐ Funeral – Family Member
☐ Funeral – Non-Family Member ☐ Other _____
☐ Professional Development Title/Name: _____
☐ Extended Leave Request

Type of Leave (Check all that apply):

- ☐ Paid ☐ Sick ☐ Vacation ☐ Jury Duty ☐ Leave Without Pay
☐ FMLA (Family Medical Leave Act, if eligible) ☐ SLB (Sick Leave Bank Member Only)
☐ Professional Development – In District ☐ Professional Development – Out of District
☐ Professional – Coach/Sponsor ☐ Worker's Compensation
☐ Other: _____

Duty Coverage (if applicable):

Lunch/Afterschool Duty Coverage By: _____

Employee Acknowledgment & Initial

- ☐ _____ I have submitted my leave request in **iVisions (Employee Access)** on (date) _____.
☐ _____ I have arranged a **substitute** (if required) and notified administration.
☐ _____ I have added my absence to **Google Calendar** (if required).

Employee Signature: _____

Date: _____

For absences of three or more days, documentation may be required. You can get the necessary forms from HR. Your leave might qualify for FMLA, and if it does, it will run concurrently with any district benefits.

FOR SUPERVISOR USE ONLY

☐ **Approved** ☐ **Denied**

Reason for Denial (if applicable):

- ☐ Did not meet contractual advance notice ☐ Maximum number of staff already off
☐ Workload too great ☐ Other: _____

Supervisor's Signature: _____ **Date:** _____

Supervisor Notes (Optional): _____

Substitute Assigned: _____

Initials: _____