

**LEAVE REQUEST**

Employee \_\_\_\_\_

Date of Request \_\_\_\_\_

<u># Days</u>	<u>Date(s)</u>	<u>REASON</u>
_____	_____	<b>School Business</b> (Professional Leave)-Conferences, Training, Extra-Curricular Events, Contests, Festivals, Visitations, etc., which is counted as part of the employee's work and does not involve a pay deduction. Type of Activity or Event: _____
_____	_____	<b>Sick Leave</b> -illness, doctor or dental appointment for immediate employee.
_____	_____	<b>Vacation Leave</b> -applies to all full-time (12 month) employees (Secretaries, Custodians, Supervisors, Administrators)

**ALL EMPLOYEES OF THE ATLANTIC COMMUNITY SCHOOL DISTRICT SHALL BE ENTITLED TO USE OF PAID LEAVE AS PROVIDED IN THE FOLLOWING:**

You are hereby authorized to charge my absence(s) against my leave account for the following reasons:

<u># Days</u>	<u>Date(s)</u>	<u>REASON</u>
_____	_____	1. <b>Family Leave</b> —employees may use up to seven (7) days of their sick leave per year for family illness in the employee's immediate family, including guardianship, conservatorship or anyone living in employee's household. <b>Family Member:</b> _____ <b>Reason:</b> _____
_____	_____	2. <b>Bereavement Leave</b> -death of a member of employee's immediate family: up to five (5) days for immediate* family (or other member of the household) of employee or spouse. <b>Family Member:</b> _____
_____	_____	3. <b>Other Funeral Leave</b> (non-family)-Death of a friend or relative outside the employee's immediate* family. Only one (1) paid day per year may be used in this category. Additional days will be charged at cost of sub for certified staff and non-paid time for support staff.
_____	_____	4. <b>Jury and Witness Leave</b> -difference between normal salary and compensation received for duty will be paid. (Please provide copy of payment received from court system.)
_____	_____	5. <b>Personal Leave</b> -Other personal reasons requiring absence. (Two days per year + possible 1 day carryover from previous year, to a max of 3 days) <ul style="list-style-type: none"> <li>• <u>Certificated Staff</u>--May use a max of two (2) days (three-3-if carryover) with no deduction and three (3) additional days at the cost of a sub. Days beyond the three (3) days at the cost of a sub will be a full, per diem deduction for certified staff. Days may not be used to extend a vacation or holiday.</li> <li>• <u>Support Staff</u>--May use a max of two (2) days (three-3-if carryover) with no deduction. Additional days requested, if approved, will be without pay.</li> <li>• <u>Administrators/Supervisors/Non-Union Staff</u>--May use a max of three (3) days (four-4-if carryover) with no deduction. Additional days requested, if approved, will be without pay.</li> </ul>
_____	_____	6. <b>Emergency Leave</b> (Certificated Staff Only)-Only one (1) day per year, at cost of a substitute, for unusual circumstances beyond the control of the staff member. This day is non-cumulative; it does not carry forward.
_____	_____	7. <b>Flex day</b> -To be used for Professional development ( <b>CERTIFIED STAFF ONLY</b> )

Contract date      Flex date

*Requests must be made to the appropriate administrator forty-eight (48) hours in advance. Certificated staff requesting personal leave to be used during the last 10 days of the school year must submit their request to the Administrative Team for approval thirty (30) days prior to the date of request.*

**\*Immediate family is limited to the following relatives of the employee or spouse: parent, child, wife, husband, brother, sister, uncle, aunt, grandparent, or grandchild, daughter-in-law, son-in-law, brother-in-law or sister-in-law, guardianship or conservatorship, or anyone living in the employee's household.**

Number of Days Requested \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_ Approved      \_\_\_\_\_ Disapproved      Reason for Disapproval \_\_\_\_\_

Date of Response \_\_\_\_\_

\_\_\_\_\_  
Principal or Department Head

Personal Leave Status	_____ No Cost	_____ Cost of Sub	_____ Full Deduction
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Substitute Needed      \_\_\_\_\_ No      \_\_\_\_\_ Yes      Substitute Secured: \_\_\_\_\_

\_\_\_\_\_ Posted to Monthly Absence Report