



## REQUEST FOR LEAVE OF ABSENCE - Exempt

### Leave Information

Employee Name: \_\_\_\_\_  
 Employee Number: \_\_\_\_\_  
 Work Location: \_\_\_\_\_  
 Dates of Absence: \_\_\_\_\_  
 Time of Absence: \_\_\_\_\_

**Reason for Absence: Mark appropriate area with "X" (attach any pertinent documents pertaining to leave)**

- |                                   |                                |                                  |                                   |
|-----------------------------------|--------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> General  | <input type="checkbox"/> Sick  | <input type="checkbox"/> Medical | <input type="checkbox"/> Personal |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Other | <input type="checkbox"/> Work    |                                   |

Attach all leave documentation: Meeting, training, workshop and PRO-D.

**Explanation:**

***Please do not book travel/appointments until you have received your leave application back approved.***

\_\_\_\_\_  
Employee Signature
Date

### Approval

**Supervisor's Recommendations:**

**Comments**

- |  |  |
|--|--|
| <input type="checkbox"/> Received and recommend approval with pay    |  |
| <input type="checkbox"/> Received and recommend approval without pay |  |
| <input type="checkbox"/> Received and recommend leave be denied.     |  |

\_\_\_\_\_  
Approval Signature
Date

This is a district form duly adopted by the Board. No application will be considered unless submitted on this form. Any attached pertinent documents will be photocopied and returned to applicant. Original of the application to the Board Office, by receiving supervisor. This form shall precede approval of any leave except emergency cases.

Revised: 12-Jun-20

Entered in SDS \_\_\_\_\_  
Date
Initials