

Refer to the Board Policy Manual regarding absences for certified and non-certified employees.

Employee Notified _____

TIME-OFF REQUEST FORM

Employee's Name _____

Today's Date _____

Date for Requested Time-Off _____

Full Day _____ Half Day AM _____ Half Day PM _____ Qtr Day AM _____ Qtr Day PM _____

Substitute Preference: _____

Reason for Time-Off - Check One

_____ Sick Day

_____ Funeral

_____ Dr. Appt. – Self

_____ Personal Day

_____ Dr. Appt. – Family

_____ School Business Day: Specify Purpose _____

_____ PDC

Does this leave qualify for FMLA (Family Medical Leave Act) _____ Yes
_____ No

If you are out of sick leave, do you wish to purchase your retirement service time? _____

I authorize payroll to deduct time absent from accumulated leave time or dock time absent from payroll if no leave time is available. _____

Employee's Signature

Administrator's Initials _____

FOR OFFICE USE ONLY

Actual Substitute _____

Amount of Time for Substitute: Full Day _____ Half Day AM _____
Half Day PM _____