



GENERAL LEAVE REQUEST
Certificated/Teamsters/District Office

Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Building \_\_\_\_\_

Type of Leave Requested:

Sick Leave \_\_\_\_\_ Hours \_\_\_\_\_
Personal Leave \_\_\_\_\_ Hours \_\_\_\_\_
\*Annual Leave \_\_\_\_\_ Hours \_\_\_\_\_
\*(for year-round employees only)
Maternity Leave \_\_\_\_\_ Hours \_\_\_\_\_
Parenting Leave \_\_\_\_\_ Hours \_\_\_\_\_
Bereavement Leave \_\_\_\_\_ Hours \_\_\_\_\_
\*\*Leave W/O Pay \_\_\_\_\_ Hours \_\_\_\_\_

Period of Leave Requested:

From: Date \_\_\_\_\_ to Date \_\_\_\_\_

(Remember to enter your leave dates on your timecard [if applicable])

Do you intend to apply for Paid Family/Medical Leave? Yes \_\_\_\_\_ No \_\_\_\_\_

Requestor's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

- Staff must ensure they have enough leave for requested time.
\*\* All leave without pay must be requested and approved through the HR Department.

Dr. Christine Moloney
Superintendent

Dr. Brian Fox
Assistant Superintendent

Heather C. Pinkerton
Director of Business and Operations