

Jefferson County Education Service District Leave Request

Please return original to the ESD and a signed copy will be returned to you.

Name

1. Check Type of Leave Requested: (Prior Approval)

* Personal or Emergency Leave

(I certify that this leave is not to extend a vacation and that it is not for recreation or other business endeavors.)

Professional Leave (Conferences, etc.)

Bereavement Leave

Extra Duty Leave

Legal Leave (Jury Duty)

Military Leave (Official Orders Required)

Vacation (12 Month Employees)

*Other: Discretionary / Leave without Pay

(Explanation Required)

Date(s) of Leave Requested:

Time of Day:

Total Hours:

Explanation:

2.

Sick Leave

Family Illness Leave

I was absent from work on the following dates because of illness:

Date(s)

Time of Day:

Total Hours Absent:

The above statement is true to the best of my knowledge.

I sign this form with the full knowledge that falsification may lead to disciplinary action.

Signature: _____

Date:

APPROVAL:

Supervisor: _____

Date:

Principal: _____

Date:

*Superintendent: _____

Date: