



EMPLOYEE LEAVE REQUEST

Today's Date: _____ Except in cases of emergency, requests MUST be submitted seven (7) days in advance

Employee Name: _____ Work Location: _____

*Date(s) of Leave: _____ Hours Absent: _____ Total Hours: _____

***If date(s) of leave occur on a black out day (refer to black out calendar), complete Absence Exception Form in lieu of the Employee Leave Request.**

Type of Leave Request: (Mark one)

- | | |
|---|---|
| <input type="checkbox"/> Family Medical Leave | <input type="checkbox"/> School Business (Reason must be given) |
| <input type="checkbox"/> Vacation (12 Month Employees ONLY) | <input type="checkbox"/> Jury Duty (Jury Slip must be provided) |
| <input type="checkbox"/> Bereavement Leave ** See below | <input type="checkbox"/> Personal Leave WITHOUT Pay |
| <input type="checkbox"/> General Leave | <input type="checkbox"/> Military Leave |

Reason For Leave Request: _____

Employees are granted up to five days per year bereavement leave (death in your immediate family), which are not charged to your general leave. **Relationship to person must be given. Family includes the following persons: Spouse, Children, Parents, Siblings, Grandparents, Grandchildren, like relations created by marriage (e.g., stepchild, father-in-law, etc) G-2550 GCCA

Employee Signature: _____ Site Signature _____

District Office Signature (if applicable)*: _____ Approved Denied

*Only applies to Custodians & Facility Maintenance Workers

Payroll Only

Approved pay

Not approved pay

Comments: _____