

**REQUEST FOR LEAVE  
EXEMPT STAFF AND PRINCIPALS (MONTHLY-PAID)**

This form should be completed by Exempt Staff and Principals who request leave or in special circumstances to approve leave that has been taken. This form should be submitted to the immediate supervisor as far in advance as possible. The request should be kept with the employee's leave records in the department or school.

The supervisor should notify the employee when leave is approved or not approved. If not approved, the reason for the non-approval should be stated on the form.

NAME OF EMPLOYEE	DEPARTMENT
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**TYPE OF LEAVE REQUESTED:**

- ( ) **VACATION LEAVE:**  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_
  
- ( ) **SICK LEAVE:**
  - ( ) **Personal**  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_
  - ( ) **Immediate Family Member**  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_
  
- ( ) **JURY DUTY LEAVE:** *(A copy of court summons or subpoena must be attached to this form.)*  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_
  
- ( ) **FUNERAL LEAVE:**  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_
  
- ( ) **FLOATING HOLIDAY(S):**  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_
  
- ( ) **ACCRUED HOLIDAY:**  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_
  
- ( ) **LEAVE WITHOUT PAY:**  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_

**Reason for Leave:** \_\_\_\_\_  
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- ( ) **LEAVE OF ABSENCE FOR MILITARY RESERVE OR NATIONAL GUARD ACTIVE DUTY**  
 A copy of the official military orders should be attached to this form.  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_

- ( ) **LEAVE OF ABSENCE:** *(Educational, Non-job related disability, Personal, Military Leave for Enlistment in the Armed Forces of the United States)*  
*Leave to begin:* Date \_\_\_\_\_ Time \_\_\_\_\_ *Return to work:* Date \_\_\_\_\_ Time \_\_\_\_\_ Hour(s) \_\_\_\_\_

**Reason for Leave:** \_\_\_\_\_  
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**Address while away:** \_\_\_\_\_

**Signed by Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

( ) Approved  
 ( ) Disapproved (Reason) \_\_\_\_\_  
**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_