



Division of Human Resources
Application for Leave

L2: _____ Date: _____
Employee ID No. _____ Job Title: _____
Employee Name: _____ Work Location No.: _____

Vacation Leave (Requires worksite approval only)

I hereby apply for vacation leave on the follow date(s): _____
Total number of days: _____ and Total number of work hours: _____

Sick Leave [Paid] (Requires worksite approval only)

Please consider my application for approved leave. Date(s) of absence: _____
Sick: _____ Personal: _____ Maternity: _____
Total number of days: _____ and Total number of work hours: _____

Temporary Duty Elsewhere [TDE] (Requires budget location approval)

I hereby apply for leave to begin _____ through _____
Total number of days: _____ and Total number of work hours: _____
Assignment to: _____
Purpose or reason: _____

Expenses requested: Yes [] No [] If yes, specify source of funds: _____

Substitute requested: Yes [] No [] If yes, specify source of funds: _____

Miscellaneous Leave (Requires District or Board approval)

(Employee may be responsible for the cost of insurance. Contact Benefits Office for questions)

Unpaid

- 40 [] Personal Leave
41 [] Professional Leave
45 [] Illness
46 [] Maternity Leave
47 [] Child Rearing
49 [] Family Medical Leave Act
50 [] Administrative Leave without Pay
51 [] Military (attach official papers)
52 [] Suspension without Pay
58 [] Other (specify) _____

Paid

- 60 [] Administrative Leave with Pay
61 [] Sabbatical
62 [] ACEA (forward to Asst. Supt. for Human Resources)
63 [] Military (attach official papers)
64 [] Court (see policy - attach subpoena)
68 [] Other (specify) _____

I hereby apply for leave to begin _____ through _____
Total number of days: _____ and Total number of work hours: _____

Employee Signature
Principal/Supervisor Print
Principal/Supervisor Signature

Human Resources Use - Entered: _____
Federal or Department Head (if applicable)
Asst. Superintendent for Human Resources / Designee