



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 Executive Dir. 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)

Executive Director of Human Resources / Designee