

L2:	Date:
Employee ID No	Job Title:
Employee Name:	Work Location No.:
I hereby apply for vacation leave on the follow of	date(s):
	and Total number of work hours:
Sick Leave [Paid] (Requires worksite approval only)	
Please consider my application for approved lea	ave. 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:	
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)	
<u>Unpaid</u>	Paid
40 Personal Leave	60 Administrative Leave with Pay
41 Professional Leave	61 Sabbatical
45 Illness	62 ACEA (forward to Executive Dir. for Human Resources)
46 Maternity Leave	63 Military (attach official papers)
47 Child Rearing	64 Court (see policy – attach subpoena)
49 Family Medical Leave Act	68 Other (specify)
50 Administrative Leave without Pay	
51 Military (attach official papers)	
52 Suspension without Pay	
58 Other (specify)	
I hereby apply for leave to begin	
Total number of days:	and Total number of work hours:
Employee Signature	Human Resources Use – Entered:
Principal/Supervisor Print	Federal or Department Head (if applicable)
Principal/Supervisor Signature	Executive Director of Human Resources / Designee

Form No.: PER-920-006 – Application for Leave New Date: 6/6/19