



REQUEST FOR LEAVE OF ABSENCE

Use this form when requesting pre-planned leave such as personal, medical appointments or long-term medical leave of absence. Once the form has been completed, return it to your campus or department office. Upon approval, you may secure a substitute for your absence.

Name: _____ Date: _____

Requests may be made for the following reasons according to DEC (LOCAL).

REASON CODE

- 1 Local Sick Leave
- 2 State Personal Leave - Personal
- 3 Old State Sick Leave
- 4 Jury Duty
- 5 Military Leave
- 20 State Personal Leave – Sick
- 30 Comp Time
- 40 Vacation
- 44 Vacation Prior to 08-09
- 45 Assault Leave

Date(s) of Absence: _____

Reason Code for Leave: _____

Local Sick Leave and State Personal Leave may be taken in ½ day or full day increments. Please indicate if this absence is for a full day or ½ day.

_____ ½ day _____ Full day

Comp Time and Vacation may be taken in hourly increments.

All full time employees earn 5 local sick days and 5 state personal days per school year. State leave is cumulative and may be carried from district to district. Local sick leave is also cumulative but may only be used in GISD.

DEC (LOCAL) states the employee shall submit a written request for discretionary use of state personal leave to the immediate supervisor or designee in advance in accordance with administrative regulations. The supervisor or designee shall consider the effect of the employee’s absence on the educational program or District operations, as well as the availability of substitutes. Personal Absences exceeding 3 consecutive days require approval from Human Resources. Please write a letter explaining the reason for the extended use of personal leave. Absences for illnesses longer than 5 days require a doctor’s note verifying the absence.

_____ Approved _____ Disapproved

Principal/Supervisor Signature HR Signature (if required)