



LEAVE APPLICATION

Employee: _____ Date: _____

Program/Department: _____

I hereby apply for: _____ hours and/or _____ days of leave

Beginning on: _____ at _____ a.m./p.m.
[Month/Day/Year]

and ending on: _____ at _____ a.m./p.m.
[Month/Day/Year]

**I UNDERSTAND THAT ANY LEAVE AUTHORIZED IN EXCESS OF THE ACTUAL
AMOUNT AVAILABLE TO ME WILL BE CHARGED AS LEAVE WITHOUT PAY [LWOP].
I ALSO UNDERSTAND THAT THE SUPERINTENDENT IS THE ONLY INDIVIDUAL
AUTHORIZED TO GRANT EMERGENCY OR ADMINISTRATIVE LEAVE.**

Employee Signature: _____

Supervisor Signature: _____
APPROVED DENIED

Superintendent's Signature*: _____
APPROVED DENIED

*The superintendent's signature is required on ALL leave applications effective immediately.

Leave to be charged as:

REGULAR LEAVE: _____

EXCEPTIONAL LEAVE: _____ *

- ◆ Maternity _____
- ◆ Professional _____
- ◆ Military _____
- ◆ Court/Trial _____
- ◆ Administrative _____
- ◆ Emergency _____
- ◆ Religious _____
- ◆ Funeral _____

Supt's. Signature: _____ *

Supt's. Signature: _____ *