

BOGALUSA CITY SCHOOL SYSTEM - LEAVE REQUEST FORM
Refer to the Employee Handbook for all leave policies and procedures. Please print clearly and in ink.

DATE OF REQUEST: _____

FROM: _____
(Person Requesting Leave)

(Employee ID Number)

(School Assigned or Department)

(Position/Teaching Area/ Job Title)

TO: _____
(Appropriate Administrator)

REASON: TYPE OF LEAVE: **Note: Leave is reported to payroll using minute increments throughout the work day.**

- (1) Sick Leave
- (1) Extended Sick Leave *(Complete the Extended Sick Leave packet and attach to this form)*
- (3) Personal Leave
- (7) Professional Travel/Development/Leave *(Complete the Professional Travel/Development/Leave section below)*
- (8) Workers Compensation
- (9) School Business *(Complete the School Business section below)*
- (11) Jury Duty *(Attach a copy of the subpoena to this form to verify attendance requirement)*
- (14) Annual Leave/Vacation *(Complete the Annual Leave section below)*
- (16) Cut Time *(Complete the Cut Time section below)*
- (18) Other Authorized Leave *(Must have approval from the Superintendent to use this code – Complete Other Authorized Leave section below)*
- (20) Sabbatical Leave : Medical Professional/Cultural *(Attach the appropriate Sabbatical Leave packet to this form)*
- (21) Leave Without Pay *(Complete the Leave Without Pay section below)*

SICK LEAVE

Period of absence: Month: _____ Day(s): _____

When an employee is absent for six or more consecutive days because of personal illness, the shall be required to complete a certificate from a physician certifying such illness and attach it to this form. Absences are recorded and entered into the Anzio payroll system by the site level secretary. Any discrepancies should first be cleared at the school site level.

PERSONAL LEAVE: Approved Disapproved

Period leave requested: Month: _____ Day(s) _____

Only two (2) days per fiscal year are allowable for Personal Leave. Requests for Personal Leave are to be made to the site level principal or immediate supervisor at least 24 hours in advance. 12 month employees do NOT have Personal Leave.

PROFESSIONAL TRAVEL/DEVELOPMENT/LEAVE Approved Disapproved

Mandatory (Attach directive) Optional (Attach invitation/request)

Purpose: _____

Destination: _____

Date(s) of event: _____ Miles each direction: _____

Comments: _____

SCHOOL BUSINESS

Purpose: _____

Destination: _____

Date(s) of event: _____ Miles each direction: _____

Comments: _____

ANNUAL LEAVE Approved Disapproved

Time requested for leave: Month: _____ Day(s): _____ Hour(s): _____

For Human Resources Office Only: Balance of _____ Date _____ Day(s) _____ Hour(s) _____

Verified by: _____, Joanna D. Dillman – Supervisor of Human Resources

CUT TIME Approved Disapproved

Time requested for leave: Month: _____ Day(s): _____ Hour(s): _____

Human Resources Office Only: Balance of _____ Date _____ Day(s) _____ Hour(s) _____

Verified by: _____, Joanna D. Dillman – Supervisor of Human Resources

OTHER AUTHORIZED LEAVE Approved Disapproved

Purpose: _____

Destination: _____

Date(s) used for this leave: _____

Comments: _____

LEAVE WITHOUT PAY Approved Disapproved

Period of leave requested: Month(s): _____ Day(s): _____

Employee's Signature: _____ Date: _____

Superintendent Signature: _____ Date: _____

Supervisor/Principal Signature: _____ Date: _____