



# LA FAYETTE CENTRAL SCHOOL DISTRICT



## Employee Leave Request

▲Employee Name \_\_\_\_\_ ▲Work Location \_\_\_\_\_  
 ▲ Date(s) of Leave \_\_\_\_\_ ▲ Total # of Days \_\_\_\_\_  
 Substitute Needed:  Yes  No

<u>Code</u>	<u>Date(s), Hour(s), or # of Day(s)</u> (Specify a.m. or p.m.)	<u>Type of leave requested:</u>
S	_____	<input type="checkbox"/> Sick Leave (Personal Illness, Medical, & Dental)
FS	_____	<input type="checkbox"/> Family Sick (Charged out of personal time or according to contract)
P	_____	<input type="checkbox"/> Personal Business (As per contract)
B	_____	<input type="checkbox"/> Bereavement (As per contract)
R	_____	<input type="checkbox"/> Religious Observance (As per contract)
J	_____	<input type="checkbox"/> Jury Duty (Attach Summons)
C	_____	<input type="checkbox"/> Conference/Workshop
V	_____	<input type="checkbox"/> Vacation
F	_____	<input type="checkbox"/> Floating Holiday (As per contract)
L	_____	<input type="checkbox"/> Leave Without Pay (Specify Reason: _____)
O	_____	<input type="checkbox"/> Other (Please Specify: _____)

**Long Term Leave Request:**  with pay  without pay  
 Date(s): \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 \_\_\_\_\_

▲Employee Signature \_\_\_\_\_ ▲ Date \_\_\_\_\_  
 \_\_\_\_\_ (  YES  NO )  
 ▲Building Principal/District Supervisor Approval \_\_\_\_\_ ▲ Date \_\_\_\_\_  
 \_\_\_\_\_ (  YES  NO )  
 ▲Superintendent Approval \_\_\_\_\_ ▲ Date \_\_\_\_\_