



TINTIC

SCHOOL DISTRICT

Employee Leave Request / Authorization Form

Date Submitted: _____

Name: _____ Work Location: _____

I request leave for the following day(s): _____

Check Appropriate Box: ☐ Full Day ☐ Other (specify time): _____

***Leave will only be recorded in ¼ hour increments**

Type of leave requested:

<input type="checkbox"/>	S	Sick Leave <input type="checkbox"/> Personal Illness <input type="checkbox"/> Family Illness <input type="checkbox"/> Bereavement <input type="checkbox"/> Dr./Dental Appt.
<input type="checkbox"/>	P	Personal Leave
<input type="checkbox"/>	V	Vacation Leave (if applicable)
<input type="checkbox"/>	W	Leave Without Pay (Military, Workers Compensation, Other) _____
<input type="checkbox"/>	A	Student Activity _____
<input type="checkbox"/>	I	In-District Assignment _____
<input type="checkbox"/>	E	Excused (Approved Association Leave, Jury Duty) _____
<input type="checkbox"/>	O	Out of District on Assignment (dates, purpose, location) _____

Employee: _____ Date: _____
(Signed)

☐ Approved

☐ Disapproved

(Signature of Supervisor) Date: _____

School Use

Substitute Required (yes / no) _____

Substitute Hired _____

Date(s) Worked _____ Hour(s) Worked _____