

North Kitsap School District No. 400
ABSENCE REPORT OR APPLICATION FOR LEAVE FORM

_____ **PSE of NK**

_____ **SEIU**

NAME _____

SCHOOL _____

POSITION _____

DATE OF THIS APPLICATION _____

LEAVE REQUESTED _____ to _____ = _____ DAY(S) OF LEAVE
starting date ending date

IS SUBSTITUTE NEEDED? (YES) (NO) TIME TO REPORT _____

Type of Leave Request

- | | |
|--|--|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Leave of Absence/LWOP***** |
| <input type="checkbox"/> Disability/Maternity***** | <input type="checkbox"/> Military Leave**** |
| <input type="checkbox"/> Birth/Adoption** | <input type="checkbox"/> Family Leave**** |
| <input type="checkbox"/> Family Illness* | <input type="checkbox"/> Association/District Related***** |
| <input type="checkbox"/> Bereavement*** | <input type="checkbox"/> Emergency***** |
| <input type="checkbox"/> Jury Duty & Subpoena*** | <input type="checkbox"/> Use of Compensation Time*** |
| <input type="checkbox"/> Vacation** | <input type="checkbox"/> Personal** |

- Codes: (*) Requires explanation
(**) No explanation required; approval of supervisor & superintendent/designee required
(***) Requires explanation & supervisor's approval
(****) Requires explanation; approval of supervisor and Superintendent/designee required.

Explanation:

Signed _____
Employee

Approved Not Approved _____ Date _____
Supervisor

Approved Not Approved _____ Date _____
Superintendent/Superintendent's Designee