

LEAVE REQUEST/RECORD OF LEAVE TAKEN

This form is to be used by all MOISD employees. It must be completed, signed, dated and in the office on the following basis:

- 1) **PREARRANGED APPOINTMENTS, MEDICAL TESTS, ETC.:** turn in leave request form at earliest possible date so a substitute can be arranged prior to the date of your appointment.
- 2) **SICK LEAVE & BEREAVEMENT:** must be turned in within three (3) working days after returning to work.
- 3) * **PERSONAL LEAVE, LEAVE WITHOUT PAY AND JURY DUTY:** must be turned in at least two (2) working days prior to the actual leave date. Leave Without Pay days are only granted for causes approved by the Superintendent.

* **Personal Leave may not be used on the day before or after any holiday; or on the day before or after any vacation day; or on any day during the last two weeks of school (with the exception of attendance by the employee at a school sponsored activity for the employee's child who is a graduating high school senior); or on any day not scheduled as a full day of student attendance. In cases of emergency, the Superintendent may approve exceptions to the above.**

DATE(S) OF ABSENCE: _____

Total Numbers of Days Absent: _____

Dept./Classroom/Program: _____

.....

TYPE OF LEAVE:	<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Personal Leave	<input type="checkbox"/> Jury Duty
<input type="checkbox"/> Vacation	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Leave Without Pay	<input type="checkbox"/> Other

Explanation: _____

<p>FOR EMPLOYEE'S SIGNATURE, ETC.</p> <p>_____</p> <p>Employee's Signature/Date</p> <p>_____</p> <p>EMPLOYEE NAME – PLEASE PRINT</p>

<p>FOR OFFICE USE ONLY:</p> <p>_____</p> <p>Administrator's Signature/Date</p> <p>Copies to: Employee Attendance Processing Bookkeeping (Jury Duty/LWOP)</p>
