

**ADMINISTRATIVE EMPLOYEE
LEAVE REQUEST FORM**

Name _____

Employee ID Number _____

Position _____

Work Location _____

Today's Date _____

Comments _____

Type of Leave Requested	Dates	No. of Hours	Pay Code
Personal Illness* (Maximum 15 days per year - cumulative or consecutive – full pay) Includes medical & dental appointments			
Paid Time Off (PTO) (Maximum 5 days per year – full pay) Limited to:			
Death or Funeral			
Marriage			
Birth of an employee's child (spouse)			
Illness of a family member			
Natural disaster (threat to home or family)			
Community Service			
Departure to or arrival from an extended absence of an immediate family member			
Job-related course work leading to an advanced degree, endorsement, or certification			
Adoption of Employee's Child (maximum 10 days per year – full pay)			
Professional Assignment (over-night events only)			
Jury Duty			
Military Leave			
Federal Family Medical Leave (FMLA) - Leave Without Pay Must be pre-approved by Director of Human Resources (See PSD Employee Handbook Section 6-7 for regulations)			
Vacation (Accrue 20 days per year; maximum accumulation 35 days)			
Workers' Compensation			
Leave Without Pay:			

**Personal Illness beyond fifteen workdays in any school year requires the employee to apply for Short Term Leave. Contact the Personnel Office for more information or see PSD Employee Handbook Section 6-1.*

Employee Signature

Superintendent Signature

As exempt employees, you do not need to report any leave of two (2) hours or less