



# LEAVE REPORT FORM

**OFFICE USE ONLY**  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EID#: \_\_\_\_\_

JOB#: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

REPORTING CENTER#: \_\_\_\_\_

SCHOOL/DEPT: \_\_\_\_\_

**Leave Type: UPD-Unpaid Leave PRS-Personal VAC-Vacation SCK-Sick Leave TPD-Temporary Duty SBK-Sick Bank**

PR Use	Date of Leave	Reason #	FROM Time	AM	TO Time	AM	WORK HOURS	Leave	DE Use	Substitute's EID	Job ID	HOURS	Sub Name (Optional)
	MM dd yy	*See Back	hh mm	PM	hh mm	PM	ABSENT	Type					

**TOTAL WORK HOURS ABSENT:** \_\_\_\_\_

If this is a Temporary Duty Assignment Request, fill in the following: Purpose and Location:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Estimated Total Cost of Trip: \_\_\_\_\_  
 Budget Source: Location [ ] Grant [ ] Other (Specify): \_\_\_\_\_  
 Out of State Travel approved by Board on: \_\_\_\_\_  
 (Attach Board Agenda)

I certify that the above statements are true to the best of my knowledge.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

DEPT DIR/PRIN SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

(Designee/Superintendent)

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

**USER INSTRUCTIONS:**

All leave will be reported on this form. Multiple forms may be used in one reporting period. A line on this form must be filled in for each DAY of leave. The dates reported on a single form may be in more than one reporting period. If you are unsure about the TYPE of leave, locate the proper REASON CODE on the next page. Do not fill in the lines beyond the Leave Type.

## REASON CODES

### SICK LEAVE (Type SCK)

- 110 Personal Illness
- 111 Family Illness/Death
- 112 Accident/Not Work Related
- 113 Maternity Leave (attach doctor's statement)
- \* 114 Worker's Compensation Offset (attach doctor's statement)
- 116 Family Medical Leave (Requires FMLA Form)

### PERSONAL LEAVE (Type PRS)

- 220 Personal With Pay

### SICK BANK (Type SBK)

- 330 Sick Leave Bank
- 115 Sick Pool Membership (Payroll Department use only)

### VACATION LEAVE (Type VAC)

- 440 Vacation
- \* 444 Worker's Compensation Offset (attach doctor's statement)

### UNPAID LEAVE (Type UPD)

- 550 Personal without Pay (attach letter of explanation)
- 551 No Leave Available (Sick, Personal, Vacation)
- 552 Suspension without Pay
- \* 553 Worker's Compensation (attach doctor's statement)
- 554 Parental/Family (attach doctor's statement)
- 555 Accident/not Work Related
- 556 Family Medical Leave (Requires FMLA form)
- 557 Absent without Approved Leave

*\* Must have prior approval from Worker's Compensation Office.*

### TEMPORARY DUTY (Type TPD)

- 680 Out-Of-County Travel - No Substitute
- 681 Out-Of-County Travel - With Substitute
- 690 In-County Travel - No Substitute
- 691 In-County Travel - With Substitute
- 660 Jury Duty (attach copy of subpoena or notice)
- 662 Other Witness
- 663 Military (attach copy of orders)
- 664 Professional (attach letter of explanation. Appropriate only for pre & post planning leaves)
- 665 Suspension with Pay
- \* 666 Illness in the Line of Duty (attach doctor's statement)
- 667 Administrative Assignment
- 668 Association Leave
- 669 Sabbatical (attach letter of request with supporting information)
- 753 Paid for by School Improvement
- 754 Paid for by Locational Budget
- 755 Paid for by Grants/MISC. (School must complete journal entry)
- 990 National Board Candidacy

(Conferences)  
(Workshops)  
(Athletic Events)  
(Academic Events)  
(Field Trips)