
**Clackamas Education Service District
LICENSED EMPLOYEE LEAVE FORM**

PLEASE COMPLETE AND SUBMIT TO YOUR SUPERVISOR:

Refer to the definitions in the collective bargaining agreement for leave guidelines. Please be sure to reflect leaves appropriately on time sheets.

Name: _____ Employee Number: _____

Date(s) of Leave: _____ Number of Hours: _____

Type of Leave:

Please check appropriate box and provide information requested.

Family Illness Relationship _____ AM Only PM Only All Day

Routine Health Care AM Only PM Only All Day

Bereavement Relationship _____ AM Only PM Only All Day

Personal Business / Emergency Reason: AM Only PM Only All Day

Legal Religious Personal Emergency

Written Explanation * _____

I certify by my signature at the bottom of this form that this leave falls in the category checked above, requires my absence during work hours, and that it will not be used (1) for recreation, travel or leisure; (2) to extend a vacation; (3) for activities related to a second business or occupation; or (4) for seeking employment.

* If no written explanation is given, then the signature of the supervisor below indicates that the staff member has stated verbally the general reason for the leave or has stated his or her good faith belief that such reasons are highly personal and should not be revealed.

Unpaid Leave (fewer than six (6) days) AM Only PM Only All Day Reason: _____

Unpaid Leave (Request for six (6) days or more of unpaid leave must be in writing and addressed to the superintendent. The request must identify the dates and the reason for the leave.)

Jury / Witness Duty AM Only PM Only All Day

My signature verifies that I understand that misuse of leave may result in disciplinary action.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Director Signature: _____ Date: _____