

ZACHARY COMMUNITY SCHOOL BOARD

Leave Request Form

(Please print clearly and in ink.)

Date of Request _____ Sub Required: Yes No
Employee Name: _____ Employee ID#: _____
School: _____ Position: _____
Supervisor: _____

TYPE OF LEAVE:

- Sick Personal Leave Annual Leave Part-time Employee
 Extended Sick *(Must be pre-approved with original doctor's excuse)*
 Jury Duty *(Attach copy of subpoena or jury duty check stub to verify attendance)*
 Military Leave *(Attach copy of military orders)*

For Payroll Office use only: Leave w/o Pay Worker's Compensation

| DATE & TIME LEAVE BEGINS (a.m./p.m.) | DATE & TIME LEAVE ENDS (a.m./p.m.) | TOTAL DAYS ABSENT |
|--------------------------------------|------------------------------------|-------------------|
| | | |

Note: Leave can only be reported to the main office payroll desk in the following increments: 1/2 day = 4 hours
& 1 day = 8 hours

EMPLOYEE'S SIGNATURE: _____ APPROVAL: _____

Substitute Employee Form

(Please print clearly)

Complete the form below for **each day worked**, even if substituting for the same employee.

| | | | |
|--------------------------------|--|--------------------------|-------|
| Name of Substitute: | _____ | Date Substituted: | _____ |
| Substitute ID#: | _____ | Substituted For: | _____ |
| Level of Education: | <input type="checkbox"/> Degreed <input type="checkbox"/> Non-degreed <input type="checkbox"/> Degreed-Certified | | |
| Substitute's Signature: | _____ | | |

Substitute Employee Form

(Please print clearly)

Complete the form below for **each day worked**, even if substituting for the same employee.

| | | | |
|--------------------------------|--|--------------------------|-------|
| Name of Substitute: | _____ | Date Substituted: | _____ |
| Substitute ID#: | _____ | Substituted For: | _____ |
| Level of Education: | <input type="checkbox"/> Degreed <input type="checkbox"/> Non-degreed <input type="checkbox"/> Degreed-Certified | | |
| Substitute's Signature: | _____ | | |

Substitute Employee Form

(Please print clearly)

Complete the form below for **each day worked**, even if substituting for the same employee.

| | | | |
|--------------------------------|--|--------------------------|-------|
| Name of Substitute: | _____ | Date Substituted: | _____ |
| Substitute ID#: | _____ | Substituted For: | _____ |
| Level of Education: | <input type="checkbox"/> Degreed <input type="checkbox"/> Non-degreed <input type="checkbox"/> Degreed-Certified | | |
| Substitute's Signature: | _____ | | |