

Last Name	First Name	MI	Social Security No.
School/Department	Position		Bargaining Unit
Beginning Date	Time	Ending Date	Time
.....	○ a.m. ○ p.m.	○ a.m. ○ p.m.
			Total (Hours/Days)
		

Check Type of Leave Requested (indicate number of days or hours)

Sub Required Yes No Substitute Name _____ Job # _____

Report all Leave on the Leave Activity Report or Time Card

<input type="checkbox"/> Sick Leave (520) Days <input type="text"/> Hours <input type="text"/> <input type="checkbox"/> Annual /Personal Leave (506) Days <input type="text"/> Hours <input type="text"/> ACE (516) <input type="checkbox"/> Military Leave (580) Days <input type="text"/> Hours <input type="text"/> <i>Submit original approved leave form, and military orders to Payroll.</i> <input type="checkbox"/> Legal Leave (570) Days <input type="text"/> Hours <input type="text"/> <i>Submit original approved leave form and Certificate of Jurors Attendance to Payroll.</i> <input type="checkbox"/> Emergency Leave Days <input type="text"/> Hours <input type="text"/> <i>If emergency leave is to be charged to more than one category, indicate number of days charged to each type of leave:</i> Sick (520) <input type="text"/> Annual/Personal (506) <input type="text"/> <input type="checkbox"/> Non Work Days (530) Days <input type="text"/> <input type="checkbox"/> Release Time (540) Days <input type="text"/> <input type="checkbox"/> Student Activity (535) Days <input type="text"/>	<input type="checkbox"/> Professional Leave (595) Days <input type="text"/> Hours <input type="text"/> <i>Use Form #102 or travel requisitions as applicable (see Travel Procedures) with the Leave Request when traveling out-of-district.</i> <input type="checkbox"/> Professional Leave Bank (AEA only) <i>Apply for Professional Leave electronically using MLP. Upon approval, print a copy of the MLP form, attach it to this form, and submit them to your Administrative Assistant.</i> Days received from building (590) <input type="text"/> Days requested from district bank (600) <input type="text"/> Teacher pays for own substitute (600) <input type="text"/> <input type="checkbox"/> LWOP (10 days or less) Days <input type="text"/> Hours <input type="text"/> <i>If LWOP is more than 10 days, submit completed Form #103 instead of this form.</i> <input type="checkbox"/> Civic Leave (560) Days <input type="text"/> Hours <input type="text"/> <i>Apply for Civic Leave electronically using MLP. Upon approval, print a copy of the MLP form, attach it to this form, and submit them to your Administrative Assistant.</i> <input type="checkbox"/> Workers' Comp (620) Days <input type="text"/> Hours <input type="text"/> <input type="checkbox"/> Union/Association (610) Days <input type="text"/> Hours <input type="text"/>
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Reason/Justification:

Address while on leave: IN STATE OR OUT-OF-STATE	Telephone # while on leave:

I request leave for the categories and dates listed above and certify the information to be correct.

Employee Signature	Date
Principal/Supervisor Authorization Signature	Date

Approved
 Disapproved