

## SCHOOL DISTRICT OF INDIAN RIVER COUNTY REQUEST FOR LEAVE OF ABSENCE

PLEASE TYPE OR PRINT IN INK:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

NAME \_\_\_\_\_  
                     LAST                    FIRST                    M.I.                    EMPLOYEE NUMBER

POSITION \_\_\_\_\_ WORK SITE \_\_\_\_\_

I hereby apply for Leave of Absence for the following dates:

JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.																			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(Please circle actual days absent, exclusive of Saturday, Sunday, and Holidays)

EXTENDED LEAVE DATES: From \_\_\_\_\_ To \_\_\_\_\_ (i.e., illness, maternity, personal)

TOTAL TIME OFF: \_\_\_\_\_ HOURS

CHECK ONE REASON FOR REQUEST:

- Sick Leave Indicate reason: A or B \_\_\_\_\_  
                     A. Personal Illness      B. Illness/death of close relative or member of my household
- Temporary Duty (No reimbursement to employee)  
     Name of Workshop/Conference/Meeting: \_\_\_\_\_  
     Location (list City and State) \_\_\_\_\_
- Vacation
- Compensatory Time/Flex Time
- Personal Leave Without Pay
- Family Medical Leave  
     (Attach copy of doctor's note)
- Other: \_\_\_\_\_  
     (State reason: Maternity, Sabbatical, etc.)
- Jury/Court Duty (Attach copy of Summons)
- Military Reserve (Attach copy of Orders)
- Personal Charged to Sick Leave
- Worker's Compensation (attach copy of doctor's note)

\_\_\_\_\_  
Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Administrator Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**  
 SUBSTITUTE REQUESTED:    YES    NO  
 NAME OF SUB: \_\_\_\_\_ SUB'S EMPLOYEE# \_\_\_\_\_  
 CODING: \_\_\_\_\_  
                     Facility/Location/Fund/Function/Object/Program/Project

An Equal Opportunity Employer