

Employee Name: _____

Position: _____ **Grade:** _____

Date(s) Requested: _____

Circle Full Day or Half Day (A.M. or P.M.) Total Number Days: _____

I am requesting leave for the following:
(Circle the appropriate reason and complete information below this box)

*PN (9b) *PN (9d) **SICK** *SB WC PL JD *B *OTHER

***Requires prior approval and/or additional information below.**

SICK Sick Leave/Medical Appointment

*SB School Business Reason: _____
Location: _____
Funding Account No: _____

WC Workers' Compensation Date of Injury: _____

*PL Personal Leave (Without Pay)

JD Jury Duty (Please attaché your court-provided *Confirmation or Appearance for Jury Duty.*)

*B Bereavement Immediate Family Member: _____

*OTHER _____
Must be specified (e.g., RTA Business; Negotiations)

PN Personal Necessity (9b & 9d) **(Please select one (1) from two (2) choices below)**

(1) _____ For reasons listed in the RTA Contract, Article IX, Section 9b. Ten (10) days of sick leave may be used for this leave. Approval must be obtained at least two (2) weeks in advance except in those areas addressed in Section "c".

Approved _____ **Disapproved** _____
Site Administrator Date

OR

(2) _____ For days specified in RTA Contract, Article IX, section 9d. **DISCRETIONARY DAYS**
Limited to four (4) days. These limitations shall apply to leave taken under subsection "c" & "d". 48-hour notice is required except in cases of emergency.

I verify under penalty of perjury that this Personal Necessity leave request is not being used merely for an extension of a holiday or vacation, or purely for personal convenience. (Article IX – Section 9a)

Teacher Signature Date

Site Administrator Signature Date

Assistant Superintendent Signature Date

Substitute Desk

Accounting