

**EMPLOYEE LEAVE REQUEST / COMP-TIME APPROVAL
AUTHORIZATION SHEET**

_____/_____
Employee Name (Please Print) Department or Location

***ANY** leave including/adjoining first two weeks of school, last two weeks of school, Professional Development days, a Holiday or Testing **MUST** be approved by your Administrator **AND** the Superintendent 5 days prior to leave.*

EMPLOYEE LEAVE REQUEST					
Date	Leave Type	All Day Y/N	Hours Used	Reason	Periods to be covered

Leave Types: Personal Time Off (PTO)

Personal Sick (PS)

Family Sick (FS)

Bereavement(USES SL)

Personal Leave (PL)

Comp

Annual Leave (AL) (12mth only)

Jury Duty (JD)

District Business (DB)

Coaching (C)

Prep Hour Coverage Comp

COMP TIME ACCRUAL APPROVAL (<i>Prior approval required</i>)				
Date	Hours	Justification	Supervisor Approval	Date

By signing below, I understand that if I do not have sufficient leave, my pay check will be docked.

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REQUESTING LEAVE WITH OUT PAY DUE TO INSUFFICIENT LEAVE ACCRUED

Employee Signature

Date

Approval Signature

Date

District Leave Policies may be found on https://www.boardpolicyonline.com/bl/?b=heber_overgaard under Chapter 4 – Employment

Revised 7/2024