



PERSONAL LEAVE REQUEST FORM
C-FB DISTRICT GUIDELINES FOR USE OF PERSONAL/DISCRETIONARY LEAVE
UP TO FOUR DAYS – FORM REMAINS ON CAMPUS

- Shall be recorded in whole workdays or half workdays only. (A workday shall mean the number of hours per day associated with the employee's usual work assignment, whether full-time or part-time.)
- Shall **not** be used immediately preceding or following a school holiday, on the last day of a grading period, on staff development days, on teacher workdays, or state testing days, unless approved by the principal/supervisor.
- The effect of the employee's absence on the educational program or department operations, availability of substitutes, and available leave days, will be considered by the principal/supervisor in approving the leave request.

FIVE OR MORE CONSECUTIVE DAYS – SUBMIT REQUEST FORM TO PERSONNEL SERVICES

- Employee must submit this signed written request form to his/her principal/supervisor **in advance** of the anticipated absence and the principal/supervisor must approve the written request **before** the leave may be taken.
- If the request is for five or consecutive days, the request must be approved by the principal/supervisor, and delivered to the Chief of Staff for final determination.
- **Leave may be approved and taken for more than five consecutive days; however, an employee will be docked at their daily rate for leave in excess of five consecutive days.**
- Unless it is an emergency, use of personal leave will not be approved unless the request is submitted to the principal/supervisor in advance of the anticipated absence.
- If the leave is not approved in advance, the employee will be docked full pay for the missed days unless an emergency exists.

I request that the following date(s) be approved as Personal/Discretionary Leave **(If the leave exceeds five consecutive workdays, an employee will be docked at their daily rate for the additional days.)**

DATE(S) REQUESTING: _____

Employee Name (Please Print)	Campus	Employee Signature	Date
------------------------------	--------	--------------------	------

I can verify that I have the leave days available for this request _____
 Employee Signature

Principal/Supervisor	<input type="checkbox"/> Approved Pending Days Available	<input type="checkbox"/> Not Approved	Date
----------------------	--	---------------------------------------	------

Chief of Staff	<input type="checkbox"/> Approved Pending Days Available	<input type="checkbox"/> Not Approved	Date
----------------	--	---------------------------------------	------