LEAVE REQUEST & EMPLOYEE ABSENCE FORM

BLUE OR BLACK INK ONLY

HARNEY COUNTY SCHOOL DISTRICT #3 550 NORTH COURT AVE. (541) 573-6811 BURNS, OR 97720

	EMPLOYEE NAME:
	POSITION:
REGULARTEMPORARYCERTIFIEDCLASSIFIEDCONFIDENTIAL/SUPERVISORY ADMINISTRATIVE	SUBSTITUTE:
	SUBSTITUTE SIGNATURE:
	DATE(S) ABSENT: HOURS/DAY SUB HRS/DAY
	TOTAL (CLASSIFIED HOURS, CERT DAYS)
EASON FOR ABSENCE FRO PLEASE CHECK ALL THAT AP	*MUST BE APPROVED BY THE SUPERINTENDENT
Grandparents, Mother-in-Law, Fath CP - **COMP TIME @1.5 D - **TIME WITHOUT I J - JURY DUTY (Document NG - NATIONAL GUARD) PE - *PERSONAL LEAVE SL - ***SICK LEAVE Reas Self, Other (Child(ren), Grando Spouse of employee. (OSEA memb	/RESERVES (Documentation Required)
VA - *VACATION	
W - *WORKSHOP (Docum O - *OTHER: Sports/FFA	nentation Required) A/Band/Field Trip (Documentation Required)
SICK LEA	AUTHORIZATION OF ALL LEAVE, WITH THE EXCEPTION OF ACCUMULATE AVE, IS CONTINGENT ON THE SUPERINTENDENT'S APPROVAL)
EMPLOYEE:	DATE:
SUPERVISOR/BUILDING PRINCIPAL:	DATE:
SUPERINTENDENT:	·
	For Payroll Use ONLY
FUND FUNCTION OBJE	ECT LOCATION AREA SUBAREA RATE HOURS

^{***} Claiming paid sick leave verifies fact of personal illness or injury or engagement of direct care of qualified family member.