

### Request for Leave

#### Absence Information

Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_ Location: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Date(s) of Absence: \_\_\_\_\_

**Type of Leave Requested:**

In addition to documenting absences in Aesop, a Request for Leave form must be completed for all leave of absences that require superintendent and/or board approval. An explanation of all requests for leave is required and must be included in the "Comments" Section.

<input type="checkbox"/> <b>Personal Leave</b> _____ # Days Permission to use personal leave during: <i>(Superintendent approval required)</i> _____ First ten days of school _____ Last ten days of school  Permission to use personal leave during first semester of school: <i>(Superintendent approval required)</i> _____ Third Personal Leave Day _____ Fourth Personal Leave Day _____ Both	
<input type="checkbox"/> <b>Unpaid Leave</b> _____ # Days <i>(Superintendent approval required, submit completed form to Tammy Nichols, Payroll)</i>	<input type="checkbox"/> <b>Other</b> _____ # Days <i>(Submit completed form to Keri Douthit, Benefits)</i>
<input type="checkbox"/> <b>Leave of Absence Over 20 days</b> _____ # Days <i>*Attach doctor's statement. Submit completed form to Keri Douthit, Benefits. (Board approval required)</i>	<input type="checkbox"/> <b>Extended Leave of Absence</b> _____ # Days <i>* Attach doctor's statement. Submit completed form to Keri Douthit, Benefits. (Board approval required)</i>
<b>Comments/Explanation for all "Request for Leave:"</b>   	

**Note:**

1. All absences in excess of 20 days must be board approved.
2. All other leave requests, see Limestone County Board Policy website at [www.lcsk12.org](http://www.lcsk12.org).

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

\_\_\_\_\_  
Supervisor Signature Date

\_\_\_\_\_  
Superintendent Signature Date

#### Supervisor Approval

- Approved**
- Denied**

