



FREDERICK PUBLIC SCHOOLS
CERTIFIED AND SUPPORT PERSONNEL
 LEAVE REQUEST FORM

NAME of Individual requesting leave _____

Date/Dates of Leave _____ Sub required? Yes No (circle one)

_____ 1. **PROFESSIONAL:** (Please state the reason for the request and the location.) _____

✦ Vehicles are limited. Requests must be made 5 days in advance.

✦ *Note: All expenses must be encumbered prior to the leave, so please fill out a requisition for a hotel room if needed. If you wish to be reimbursed for any expenses, such as meals or mileage, a separate requisition with your estimated expenses **IS REQUIRED.***

_____ 2. **SICK:** Total days requested: _____

_____ 3. **PERSONAL:** This document constitutes a signed statement that the leave was not used for entertainment, recreation, gainful employment, or to seek another position. Total days requested: _____

_____ 4. **BEREAVEMENT:** Total days requested: _____

_____ 5. **JURY DUTY:** Total days requested: _____

_____ 6. **VACATION:** (12 month contract personnel only) Total Days requested: _____

_____ 7. **COMPENSATORY TIME:** _____

✦ **Payroll deductions will be made if requested leave exceeds availability. Employee may be required to submit appropriate evidence concerning the cause of his/her absence in order to qualify for leave benefits.**

Signature of Person Requesting Leave

Principal's Signature

Superintendent's Signature (indicates approval)

Requests are to be made through the principal's office and approved by the Superintendent before leave is taken. Approval must be given by the Superintendent before reimbursement or substitute benefits will apply.