

Doss CCSD Employee Leave Request



- **Discretionary Leave:** Submit this form for approval prior to the requested absence from duty. Form must be submitted immediately upon return for all other leave.
- **Other Types of Leave:** Submit this form upon return from leave.
- Absences of five (5) or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Leave requests will be granted and recorded in accordance with board policy DEC unless employee indicates a different order below.

Name	Date	
Reason for Absence	Date(s) of Absence	Total Hours Absent
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>		
<input type="checkbox"/> Death in family <i>Specify relationship:</i>		
<input type="checkbox"/> Emergency <i>Specify:</i>		
<input type="checkbox"/> Personal business		
<input type="checkbox"/> Jury duty or subpoena (attach documents)		
<input type="checkbox"/> Professional Business <i>Describe or Name:</i>		
<input type="checkbox"/> Other		
Employee Signature	Date	
Supervisor Signature	Date	
Leave Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
For Office Use Only: Category and amount of leave recorded:		
<input type="checkbox"/> State personal leave ____ hours <input type="checkbox"/> State sick leave ____ hours <input type="checkbox"/> Local leave ____ hours <input type="checkbox"/> Family and medical leave ____ hours <input type="checkbox"/> Temporary disability ____ days <input type="checkbox"/> Assault leave ____ hours/days <input type="checkbox"/> Other:		