

PAID/UNPAID LEAVE DAY REQUEST FORM (AFSCME UNIT)

I, _____, AM SUBMITTING THE FOLLOWING PURSUANT
(Please Print Name)
TO ARTICLE 15 (VACATIONS) OR ARTICLE 13 (PAID LEAVES) OR ARTICLE 14 (UNPAID LEAVES) OF THE
AFSCME MASTER CONTRACT. LEAVE TIME WILL BE DEDUCTED FROM THE EMPLOYEE'S ACCUMULATION
IN ONE QUARTER (.25) HOUR INCREMENTS:

PAID LEAVE REQUESTED:

1. **Vacation (52 week employees only)**

DATE(S) REQUESTED _____

2. **Sick ***

A. EMPLOYEE

B. IMMEDIATE FAMILY

DATE(S) _____

DATE(S) _____

NO. OF HOURS _____

NO. OF HOURS _____

____ DOCTOR

____ SPOUSE ____ CHILD/STEPCHILD

____ ILLNESS

____ PARENT

____ OTHER _____

(Please explain)

3. **Funeral ***

DATE OF FUNERAL _____ DATE(S) OF LEAVE _____

RELATIONSHIP TO EMPLOYEE _____

4. **Business Day**

DATE(S) REQUESTED _____

SPECIFIC REASON FOR REQUEST _____

IN THE EVENT THE REASON IS SO PERSONAL YOU DO NOT WANT TO SPECIFY IT IN WRITING, YOU MUST DISCUSS THE REASON IN
ADVANCE WITH THE SUPERINTENDENT.

5. **Jury Duty**

DATE(S) REQUESTED _____

SUPPORTING DOCUMENTATION FROM THE COURT MUST BE ATTACHED

UNPAID LEAVE REQUESTED (Requires Superintendent's Approval):

DATE(S) REQUESTED _____

REASON: _____

I CERTIFY THAT INFORMATION HAS BEEN COMPLETED AND IS CORRECT:

DATE

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

SUPERINTENDENT APPROVAL (UNPAID DAY(S))

- AN EMPLOYEE MUST WORK THE ENTIRE LAST REGULARLY SCHEDULED WORK DAY PRECEEDING AND FOLLOWING THE HOLIDAY IN ORDER TO RECEIVE HOLIDAY PAY UNLESS THE EMPLOYEE IS ABSENT ON AN APPROVED LEAVE UNDER ARTICLE 13(B) WHICH IS VERIFIED BY A PHYSICIAN'S STATEMENT OR FUNERAL DOCUMENTATION.