TRANSPORTATION DEPARTMENT REQUEST FOR LEAVE/SICK TIME

****This form must be filled out completely for ALL absences****

Must be turned in and approved at least TWO WEEKS prior to requested leave date.

Drivers please plan vacations for the summer or non school days. Check the calendar for black out days, drivers will not be allowed off for anything other than an emergency on black out days. If you schedule an appointment try to do so in the middle of the day, routes at that time are easier to cover. For extended days off employees MUST turn in a new form for each week needed.

Route papers MUST be up to date and in your bus BEFORE taking leave.

Date turned in:______________________

Employee Name (print)___________________________Signature_______________________________________

I understand in case of an emergency, I may be denied the request or called into work even though I have requested this time off.

Bus #___________ Yard____________________ Date/Dates requested for leave________________________________

Depart Times	AM Schedule	Noon Schedule	Art. Schedule	PM Schedule	Other Schedule
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Reason for request, please check appropriate box.

- ☐ Unpaid Absence (NP)
- ☐ Personal Medical (S) ***Must contact Tammara or Amanda (673-3553) at the District Office if gone more than 3 days.***
- ☐ Bereavement (B) ***Must fill in Relationship*** ____
- ☐ Personal Leave (PL) ***Eligibility required***
- ☐ Jury Duty (JD) ***Must turn in check***
- ☐ Dependent Leave (D) ***Must fill in Qualified Dependent*** ____

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Received by ____Date_____________________

Input on absentee list by____Date_____________________

District release required ☐Yes ☐No District Assessment Completed ☐Yes ☐No Release Received ☐Yes ☐No