

LEAVE REQUEST

Based on FCBOE Policy **GARH** (February 2008)

(PERSONAL • MILITARY • JURY/WITNESS • ANNUAL • EXIGENCY LEAVE)

This request must be received by the District Office at least 5 days before the leave date requested.

Work Site: _____ Date: _____

Employee Name: _____ SSN: _____

Position: _____

Personal Leave Date(s) requested: **First day** - _____ **Last day** - _____
Number of days requested: _____ Number of days taken this year: _____

Military Leave Date(s) requested: **First day** - _____ **Last day** - _____
(Attach Official Orders) Number of days requested: _____ Number of days taken this year: _____

Jury/Witness Leave Date(s) requested: **First day** - _____ **Last day** - _____
(Attach Subpoena) Number of days requested: _____ Number of days taken this year: _____

Annual Leave Date(s) requested: **First day** - _____ **Last day** - _____
Number of days requested: _____ Number of days taken this year: _____

Exigency Leave Date(s) requested: **First day** - _____ **Last day** - _____
(Attach Official Orders) Number of days requested: _____ Number of days taken this year: _____

Substitute Will a substitute be required during your absence? ____ Yes ____ No

Signature (Employee) _____ Date _____

Supervisor Level **Approval** _____ Date _____

Supervisor Level **Denial** _____ Date _____

Human Resources **Approval** _____ Date _____

Human Resources **Denial** _____ Date _____