

**BRYANT SCHOOL DISTRICT  
LEAVE OF ABSENCE NOTIFICATION/REQUEST FORM**

Name \_\_\_\_\_ Last 4 digits SSN \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ School/Department \_\_\_\_\_

Date	Days/Hrs	AM/PM			Pays for Sub
			Sick Leave (110)	Personal illness, Immediate Family, Death of relative - Policy 3.8, 8.5	District
			Sick as 3rd Personal (110)	Sick leave used as 3rd personal-must have 5 yrs. Experience w/Bryant	District
			Personal Leave (115)	Two days per year - Policy 3.11, 8.7	District
			Professional Leave (125)	Principal & Prof. Dev. Supr. must approve ( <b>indicate source of sub pmt.</b> ) - Policy 3.11, 8.7	District
			Military Leave (126)	Policy 3.8.2, 8.6.2	Employee
			Jury Duty (127)	Policy 3.14, 8.10	District
			School Business (128)	Field Trips, Committee Mtgs., etc. ( <b>indicate source of sub pmt.</b> ) - Policy 3.8.2, 8.6.2	
			Court Subpoena (129)	Policy 3.14.1, 8.10.1	District
			One-Hour Early Leave (130)	Limit three (3) times per year for medical reasons - Policy 3.8, 8.5	N/A
			Funeral Leave (135)	Maximum of a two (2) hour absence to attend funeral - Policy 3.8.1, 8.6.1	N/A
			Bereavement (140)	Policy 3.8.1, 8.6.1 - Up to three (3) days for death of specific family members	District
			Sick Leave Bank (145)	Must be a Member & have committee approval - Policy 3.9, 8.6	District
			Leave Without Pay (160)	Non-approved absences	District
			Vacation (165)	Twelve (12) month employees - Policy 3.46, 8.38	N/A
			Family Medical Leave (166)	Leave for care of child, spouse, parent, or a serious health condition-Policy 3.8, 3.32, 8.23	District

Explanation of Request \_\_\_\_\_

(Please be detailed in your description.)

**Professional Development Leave:** Complete the information for approval and send to the Director of Professional Development, Athletic Director, Special Education Supervisor or Gifted & Talented Coordinator at least two (2) weeks in advance of Professional Development date. Attach appropriate documentation, such as a copy of conference registration form, copy of conference/in-service agenda or brochure. Approved PD hours during a student interaction day will not count toward the 10 non-student interaction days.

**Purchase Orders MUST be attached detailing all anticipated costs.**

Title and Description of Professional Development:			
Location:	Date of PD:	Time of PD:	# Hours
Will a Sub be Needed?	YES	NO	Source:

**All Leave Request**

Employee's Signature \_\_\_\_\_

Principal/Supervisor Signature \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Professional Development Approval: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Director of Professional Development/Deputy Superintendent \_\_\_\_\_

Superintendent \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date \_\_\_\_\_ (see **NOTE**)

**NOTE: Policy 3.11 & 8.7** - Personal leave for more than two (2) consecutive days OR the day before or the day after a holiday require prior approval of Superintendent.