**Baltic School District**

**Staff Leave Request/Report**

**DIRECTIONS:** This form must be completed whenever a staff member is requesting to take any type of leave (listed below) authorized by the Negotiated Contract. Please note that the leave request is not officially approved until signed by the appropriate administrator. This form must also be completed upon return when a staff member is unexpectedly absent from school. **A reminder that certified staff may only take leave in one-hour increments, while classified staff may take leave in quarter hour increments.** Information and specific requirements for each type of leave is available in the Negotiated Agreement.

Types of Leave (check the type of leave for which you are applying or reporting):

Sick Leave (Employee)

Sick Leave (Spouse or Child)\*

Sick Leave (Immediate family as defined by Negotiated Contract)\*

Personal Leave

Bereavement

Emergency\*\*

Military

Jury Duty/Court Appearance

Short Term Unpaid

Maternity/Paternity

Vacation (12-month employees only)

Name of Staff Member

Date(s) of Absence

Hour(s) absent (if less than a full-day)

\*For sick leave for other than the employee himself or herself, indicate the relationship, for example: son, mother, brother, grandparent. For bereavement leave, indicate your relationship to the deceased.

Relationship

\*\*Provide details on the nature of the “emergency”:

Signature of Staff Member Date Submitted

Recommend: \_\_\_\_\_ Approval \_\_\_\_\_ Denial

Signature of Immediate Supervisor Date

Recommend: \_\_\_\_\_ Approval \_\_\_\_\_ Denial

Signature of Principal Date

Request: \_\_\_\_\_ Approved \_\_\_\_\_ Denied

Signature of Superintendent Date