

SANDY CREEK CENTRAL SCHOOL DISTRICT

INSTRUCTIONAL STAFF

RECORD FOR LEAVE OR APPROVED ABSENCE

Name (Last, First, Middle Initial)				
TYPE OF LEAVE/ABSENCE <small>(check appropriate box(es) below.)</small>	DATE From To		ACCRUALS BEFORE	ACCRUALS AFTER
<input type="checkbox"/> Personal				
<input type="checkbox"/> Sick - Employee				
<input type="checkbox"/> Sick - Family/Death				
<input type="checkbox"/> Child Bearing/Rearing Leave				
<input type="checkbox"/> Other Time Off				
<input type="checkbox"/> Non-Reimbursable Leave				
FAMILY AND MEDICAL LEAVE				
If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:				
<input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for: <ul style="list-style-type: none"> <input type="checkbox"/> Birth/Adoption/Foster Care <input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter or Parent <input type="checkbox"/> Serious Health Condition of Self 				
REMARKS (if necessary)				
EMPLOYEE SIGNATURE:			DATE:	
OFFICIAL ACTION ON REQUEST: <small>(If disapproved, give reason.)</small>		<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	
SIGNATURE:			DATE:	