

# SANDY CREEK CENTRAL SCHOOL DISTRICT

*CONFIDENTIAL STAFF*

## RECORD FOR LEAVE OR APPROVED ABSENCE

<b>Name</b> (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"/> <b>Vacation</b>				
<input type="checkbox"/> <b>Personal</b>				
<input type="checkbox"/> <b>Sick</b>				
<input type="checkbox"/> <b>Bereavement</b>				
<input type="checkbox"/> <b>Compensatory Time Off</b>				
<input type="checkbox"/> <b>Other Time Off</b>				
<input type="checkbox"/> <b>Non-Reimbursable Leave</b>				
<b>FAMILY AND MEDICAL LEAVE</b> 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"/> <b>I hereby invoke my entitlement to Family and Medical Leave for:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Birth/Adoption/Foster Care</li> <li><input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter or Parent</li> <li><input type="checkbox"/> Serious Health Condition of Self</li> </ul>				
<b>REMARKS</b> (if necessary)				
<b>EMPLOYEE SIGNATURE:</b>			<b>DATE:</b>	
<b>OFFICIAL ACTION ON REQUEST:</b> <input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b> <small>(If disapproved, give reason. If vacation leave, initiate action to reschedule.)</small>				
<b>SIGNATURE:</b>			<b>DATE:</b>	