



Human Resources Employee Leave Form

SCHOOL: _____ Check one: TAN C94 Admin Other

EMP#: _____ NAME: _____ GRADE/SUBJECT: _____

DATE: _____ DATES REQUESTED: _____

SUBSTITUTE NEEDED? No Yes Full Day AM PM HOURS: _____

CHARGE SUB TO: DISTRICT GRANT _____ AGENCY: _____

CENTRAL OFFICE USE ONLY: SUBSTITUTE EMP NO: _____ NAME: _____

REQUEST (Check One)

- Vacation Personal
- Religious Sick Leave – Attach Doctor’s Note per Contract
- Leave Without Pay Military – Attach copy of military orders
- Field Trip (use leave form only if a sub is needed)
- Jury Duty – Attach letter per contract; any compensation must be signed over to NPS.
- Bereavement – Relationship of deceased: _____
- Other Description: _____

PROFESSIONAL DEVELOPMENT— CHECK ONE BELOW

- Contractual—TAN contract allows 2 days per school year, PD is paid and chosen by member
ATTACH WORKSHOP REGISTRATION FORM:
 Workshop/Conference Title: _____ Hours: _____
 Explanation: _____
- District Request—Name of Administrator making the request: _____
 TOPIC: Literacy Math Science Special Ed Other: _____
 Workshop/Conference Location: _____ Grant or Budget Code: _____
 Explanation: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

Supervisor/Designee	Principal/Designee	Executive Director of Teaching, Learning & Professional Development/Designee	Superintendent/Designee
Approval Granted <input type="checkbox"/>	Approval Granted <input type="checkbox"/>	Approval Granted <input type="checkbox"/>	Approval Granted <input type="checkbox"/>
Approval Not Granted <input type="checkbox"/>	Approval Not Granted <input type="checkbox"/>	Approval Not Granted <input type="checkbox"/>	Approval Not Granted <input type="checkbox"/>
_____ Signature	_____ Signature	_____ Signature	_____ Signature
_____ Date	_____ Date	_____ Date	_____ Date