

Oklahoma City Public Schools

Request for Leave

Note: This form should be submitted far enough in advance so that it may be received and approved by appropriate supervisor(s) before leave is taken. Employee requesting leave and department/school time keeper should maintain a record of this form.

Employee

Building/Department

I hereby request permission to be absent on the date indicated below and for the reason checked.

Date of Requested Absence(s)

<input type="checkbox"/>	Vacation	<input type="checkbox"/>	Legal (Jury duty or school-related court appearance)
<input type="checkbox"/>	Sick	<input type="checkbox"/>	Union Leave
<input type="checkbox"/>	Personal Business	<input type="checkbox"/>	Family Medical Leave – Prior Authorization Required*
<input type="checkbox"/>	Military Leave	<input type="checkbox"/>	Leave of Absence (UNPAID) – Prior Authorization Required
<input type="checkbox"/>	Bereavement *	<input checked="" type="checkbox"/>	Professional Development Leave – Please use the Professional Development Attendance / Travel Leave Form

*Relationship to the deceased:

Today's Date

By signing this form, I confirm that I (1) understand the appropriate uses of the type of leave I have requested and (2) will use such leave in a manner that complies with the definitions, terms, and conditions stated in the applicable Collective Bargaining Agreement and/or Board Policies and Regulations. I further acknowledge that abuse of leave may result in disciplinary action up to and including loss of pay for the days in question and/or termination in extreme situations.

Signature of Employee

Signature of Immediate Supervisor

Next Level Supervisor's Authorization