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Site Number

Employee ID Number

# 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 the appropriate supervisor(s) before leave is taken. The employee requesting leave and the department/school time keeper should maintain a record of this form.*

*Employees covered by the AFT Collective Bargaining Agreement (i.e. Teachers' Union) are not required to report leave for any absence that is two hours or less. Advance notice of even such brief absences is requested except in emergency situations.*

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"/>	Professional Development Leave (Requires Approval of Cabinet Member of Your Department & Chief Human Resources Officer)
<input type="checkbox"/>	Personal Business	<input type="checkbox"/>	Union Leave
<input type="checkbox"/>	Military Leave	<input type="checkbox"/>	Family Medical Leave – Prior Authorization Required
<input type="checkbox"/>	Bereavement *	<input type="checkbox"/>	Leave of Absence (UNPAID) – Prior Authorization Required

\*Relationship to the deceased:

*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

Today's Date

Signature of Immediate Supervisor

Next Level Supervisor's Authorization