Mancos School District RE-6
Leave Request/Notification

OFFICE USE ONLY
Original / Copy
Sent to Central

Date

Entered _____ by _____
Date/ initials

Date Form Submitted: _____

Requested by: _____ Title: _____

Date(s) of Leave:

_____ M, T, W, TH, F *Full / Half Day* *am / pm* (Circle)

_____ M, T, W, TH, F *Full / Half Day* *am / pm* (Circle)

_____ M, T, W, TH, F *Full / Half Day* *am / pm* (Circle)

Reason for Leave: _____

Teacher/Staff's Signature: _____

Please note any special duties – Recess, Cafeteria, HS Hall, West Wing, Bus am/pm, etc:

_____

Type of Leave:

❑ Annual Leave* Days Available _____
Please refer to Annual Leave Policy (GBGG) in your Employee Handbook for procedures and protocols (Office Use Only)

*Annual leave for reasons other than illness should be taken when it least impacts student learning; when it does not adversely impact co-workers or scheduling or otherwise; when it does not potentially cause problems or hardships for students, programs, parents or colleagues.

Leave must be approved by the principal and superintendent in a timely manner (i.e. 5-7 days) in advance of the time requested, if applicable. Leave shall not be taken on a staff work day, professional development day, during parent/teacher conferences, the day before or after a holiday, or during the last two weeks of school unless under special circumstances and approved in advance by the principal and superintendent.

❑ Carry over Sick Leave Days Available _____
Carry over sick leave may *ONLY* be taken after all Annual Leave has been used. (Office Use Only)

❑ Professional Leave (Attach Justification)
- ❍ Need District Vehicle; have completed Transportation Request
- ❍ PO submitted for Conference Registration, Meals and Lodging
- ❍ None of the above are applicable

❑ Civic Leave: ❑ Jury Duty ❑ Military ❑ Other: _____

❑ Temporary Leave without Pay

❑ Vacation (for 12-month employees only) Days Available _____
(Office Use Only)

❑ FYI Only: Help with coverage due to meetings, staffing, etc – no annual leave taken

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Substitute requested: ❑ Yes ❑ No *Full day / Half day: am or pm* (Circle) Class/Grade Level: _____

Substitute(s) name if known: _____

Pay sub out of a special fund: _____

❑ Approved ❑ Denied Building Principal/Dept. Head: _____ Date: _____

❑ Approved ❑ Denied Superintendent: _____ Date: _____

Revised 07/21/10