



**FRANKLIN CENTRAL SUPERVISORY UNION
Request for Leave Form**

Employee (Please print)

Name: _____ Today's Date: _____

Position: _____ School: _____

I request from _____ through _____
DATE (and time if not a full day) DATE (and time if not a full day)

Totaling _____ work day(s) and / or _____ hour(s)

Charged as follows:

- | | | |
|---|---|--|
| <input type="checkbox"/> Personal | <input type="checkbox"/> Sick (family member) | <input type="checkbox"/> Compensatory Time |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Bereavement | <input type="checkbox"/> PTO – Fairfield Only |
| <input type="checkbox"/> Vacation | Deceased: _____ | <input type="checkbox"/> Unpaid – by advance permission only |
| <input type="checkbox"/> Floating Holiday | Relationship: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sick (personal) | | <input type="checkbox"/> Field Trip – informational only |

Remarks: _____

Medical absences of extended duration may fall under the Family Medical Leave Act.

If you are listing a potential FMLA/VLL, you will be contacted with further direction. You must still select which "paid" leave you are requesting to use if any.

Is a substitute needed? No Yes, I prefer: _____

I understand that this request must comply with federal and state laws, as well as my employment agreement and that this request alone does not guarantee payment. I agree that this leave requires approval and that I am responsible for reporting any deviation from the request. Where FMLA/VPLL leaves of absence are concerned I understand that further directives will be forthcoming.

Employee Signature

Do not write below this line

Leave attendant notes: _____

Supervisor / Department Head Signature (If applicable) Date: _____

Principal / Supervisor Signature Date: _____

Superintendents Signature (If applicable) Date: _____