



CORVALLIS SCHOOL DISTRICT—LEAVE REQUEST

Employee Name _____ Building Name _____

Classification: Certified Classified Non-Represented

I request a leave of absence as indicated:

(actual leave usage will be determined by employee's available leave, contract language and state or federal regulations)

Days Gone

- _____ **Bereavement** (3 days maximum)
State relationship _____
- _____ **Emergency** (per agreement)
- _____ **Personal** (per agreement)
- _____ **Vacation** (260 day employees only)
- _____ **Other** (describe)
- _____ **Planned Sick Leave** (Dr. appointment, surgery)
- _____ **Unplanned Sick Leave** (over 3 days; OA completes)

Days Gone

- _____ **Legal/Jury Duty** (per agreement; attach verification)
- _____ **Military** (attach verification)
- _____ **Job Related/Professional**
Name of in-service, workshop, etc. _____
- _____ **Unpaid Leave** (UL on timecard)
Reason _____

Requesting year long leave of absence for _____ school year

First day absent _____ Last day absent _____

Time: From _____ a.m./p.m. To _____ a.m./p.m.

Reason _____

Absence has been reported to AESOP Substitute Needed Yes No

Name of Substitute (if known) _____ AESOP job # _____

Employee Signature _____ Date _____

APPROVED: Administrator Signature _____ Date _____



OA: If leave is unpaid for any number of days, bereavement, or any leave more than 3 consecutive days, please forward leave request to Human Resources for final approval.

APPROVED: Human Resources Signature _____ Date _____