



# 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**

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- \_\_\_\_\_ **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)

- \_\_\_\_\_ **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 \_\_\_\_\_