



Brookings School District 5-1  
Employee Request for Leave Approval



Requested By: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**\*\*Please remember teachers will be deducted by quarterly increments.**

\*\*\*Please fill in the date and hours for each day you will be gone

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Time of day gone	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm	_____ am/pm to _____ am/pm
Total Hours					

Total days \_\_\_\_\_ Total Hours \_\_\_\_\_

Type of Leave requested:

- Sick Leave** (for anticipated leave days which may be applicable to sick leave usage)
- Sick Leave Bank** (For employee use only with doctor's written reason for leave needed)
- Family Sick Leave** (For anticipated leave days that may be applicable to family sick leave usage. See policy for your pay group)
- Family/Medical Leave** (Leave under this provision are governed by state & federal law and MUST be approved in advance. Specific rules apply. If you request leave under this provision you will be required to provide specific information prior to a determination. This is generally unpaid leave, please contact the district office)
- Personal Leave** (For paid personal leave days that follow the guidelines established for your pay group)
- Bereavement Leave** (For immediate family. See policy guidelines) **\*\*Please explain below**
- Special Bereavement Leave** (See master agreement. Up to two additional days of leave shall be allowed per school year for death of persons not meeting the definition of immediate family. Cost of a substitute will be withheld from the teacher's daily salary for the 2<sup>nd</sup> of the days used.) **\*\* Please explain below**
- Unpaid Leave (Must be approved by superintendent)**
- Paid Vacation**
- Professional Leave** **\*\*Please explain below**
- Other** (jury duty, activities, ect.) **\*\* Please explain below**

**\*\*Explanation for leave requested (Use reverse side if needed)**

\_\_\_\_\_  
\_\_\_\_\_

Substitute Requested:  yes  no

Suggested Substitute (no guarantee): \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
date

+++++  
For Office Use Only

Leave Approved: Yes  No

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
date