## Blaine School District LEAVE NOTIFICATION

EMPLOYEE NAME	EMP ID #	BLDG/DEPT	Original Amended
LEAVE DATE			
☐ Family IIlness* ☐ Bereavement (Certificated only-in lieu of Emergency Leave)  *Termily Morphore		ion	
*Family Member Professional-Budget Code required_		Substitute Requir	red YES
REASON FOR LEAVE (if applicable) or	TYPE OF PROFESSION	NAL LEAVE	
EMPLOYEE'S SIGNATURE	DATE	ADMINISTRATOR'S SIGNATUR	RE DATE
ADMINISTRATIVE ACTION *(if appli APPROVE  DISAPPROVE	*	AUTHORIZED SIGNATURE *(	if applicable) DATE

## **INSTRUCTIONS**

The LEAVE NOTIFICATION is to be used by any staff member for absences from work for all types of leave. A Leave Notification is to be filed for each separate type of absence.

<u>Planned Absences</u>: LEAVE NOTIFICATION for Vacation, Association, Military, Jury Duty, Family Illness or Sick/Medical (when possible), Professional and Personal should be completed and submitted in advance of leave (5 days preferred). If circumstances change, file an amended request. Check "amended" box.

<u>Unplanned Absences</u>: LEAVE NOTIFICAITON for Sick, Family Illness and/or Emergency shall be completed and submitted immediately upon return.

\*Approval by the building supervisor is required for Personal Leave based on substitute availability.

\*Approval by the Superintendent may be required for use of Emergency Leave (based on contract language), Submit LEAVE NOTIFICATION form or request by email to Human Resources for approval.