

**Siuslaw School District  
Bus Driver's Leave Request Form**

Name \_\_\_\_\_ School \_\_\_\_\_

Date(s) of Leave \_\_\_\_\_ Total hours \_\_\_\_\_

Sub Needed For: AM \_\_\_\_\_ PM \_\_\_\_\_ Mid Day \_\_\_\_\_

**Type of Leave:**                      **Explanation (where indicated):**

Check One

- \_\_\_\_\_ Sick Leave/FMLA (015) **See FMLA note below** \_\_\_\_\_
- \_\_\_\_\_ Family Illness/FMLA (018) **List Relationship of Family Member** \_\_\_\_\_
- \_\_\_\_\_ Personal Leave (016) \_\_\_\_\_
- \_\_\_\_\_ Bereavement (017) **List Relationship of Family Member** \_\_\_\_\_
- \_\_\_\_\_ Jury Duty (020) - submit copy of jury duty check to payroll \_\_\_\_\_
- \_\_\_\_\_ Professional Leave (022) **List Activity** \_\_\_\_\_
- \_\_\_\_\_ Military Leave (035) \_\_\_\_\_
- \_\_\_\_\_ Association Leave (024) \_\_\_\_\_
- \_\_\_\_\_ Workers Compensation (025) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

❖ **If FMLA leave is requested, contact Pam in the District Office 30 days in advance of requested leave to start FMLA approval process.**