

IDITAROD AREA SCHOOL DISTRICT

EMPLOYEE NAME _____

EMPLOYEE ID NUMBER _____

LEAVE BEGIN _____ AM
(MONTH) (DAY) (HOUR) PM

LEAVE END _____ AM
(MONTH) (DAY) (HOUR) PM

TOTAL DAYS/HOURS _____

PURPOSE OF LEAVE _____

APPOINTMENT DATE AND TIME _____

LEAVE TYPE

ANNUAL/
PERSONAL

ADMINISTRATIVE

S/L
BANK

SICK

NON-CONTRACT

UNEXCUSED
TARDY

LWOP

OTHER: _____

EXTENDED OR OUT-OF-TOWN SICK LEAVE REQUIRES VERIFICATION
LEAVE REQUESTED IN EXCESS OF THAT ACCRUED WILL BE DOCKED

EMPLOYEE SIGNATURE _____ DATE _____

*LWOP IN EXCESS OF 10 DAYS MUST BE APPROVED
BY THE SUPERINTENDENT

APPROVING OFFICER _____ DATE _____

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