

# Alaska Gateway School District

# EMPLOYEES LEAVE

APPLICATION

REPORT

LEAVE TYPE - CHECK ONLY ONE							
COURT DUTY	*LWOP	SICK (employee)	SICK (family)	PERSONAL	ADMIN.	ANNUAL	OTHER

(\*LWOP - DEDUCTED AT CURRENT RATE OF PAY)

NUMBER OF DAYS \_\_\_\_\_ BEGIN \_\_\_\_\_ AM  
 MONTH DAY PM

END \_\_\_\_\_ AM  
 MONTH DAY PM

NAME of SUBSTITUTE \_\_\_\_\_

White - Absentee Report  
 Yellow - Employee  
 Pink - School Files

CERTIFIED  
TOTAL DAYS

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CLASSIFIED  
TOTAL HOURS

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SECURITY  
NUMBER

PRINT LAST NAME FIRST MIDDLE INITIAL

Explanation of other than sick leave:

**Employee's Certification:** My signature certifies that the leave indicated hereon is in strict conformity with the terms and conditions governing leave under the applicable collective bargaining agreement or District policy or regulation. I am aware that a false statement regarding leave is grounds for disciplinary action up to and including dismissal.

SIGNATURE OF EMPLOYEE \_\_\_\_\_

DATE

APPROVING ADMINISTRATOR \_\_\_\_\_

DATE

SUBMIT MONTHLY WITH ABSENTEE REPORT OR TIMESHEET