

EMPLOYEE LEAVE REQUEST

Name _____

Building _____

Position _____

Date submitted _____

Instructions: Please submit this form to your supervisor as soon as possible prior to your absence. Send original form to district office immediately for reasons 1, 2, or 3. **Reproduce this form on green paper.**

Reason Codes :

- 1 - Bereavement
- 2 - Unpaid leave (see note 2)
- 3 - Jury Duty
- 4 - Professional development
- 5 - Athletics
- 6 - Other (union/assn activity, military duty -- enter details)

Date of Absence	No. of Hours Absent	Reason Code	(Codes 1) Relationship of Family Member	(Codes 4 & 5) Name of activity	(Code 6) Details

Notes :

1. Use the Ivisions Self Service Portal at <https://ivisions.ashland.k12.or.us> to request sick leave, family sick leave, personal leave and vacation leave.
2. Unpaid leave - All applicable leaves need to be exhausted prior to unpaid leave. Too many unpaid leave days in a school year may result in the employee paying his/her entire health insurance premium for one or more months. (The formula for determining if the district will continue the employee's insurance coverage is: Total number of unpaid leave days for the current school year divided by total number of work days in the school year x 12. If the answer results in over .50, the employee would need to pay for their insurance coverage.)

Employee Signature _____ **Date** _____

Approved _____ Denied _____

Supervisor Signature _____ **Date** _____

Recorded on absence log by: **Office Manager Signature** _____ **Date** _____