



# West End Public Schools, District RE-2



## Leave Request Form

Staff Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I request permission to be gone on \_\_\_\_\_ for the reason stated below:

- Discretionary Sick Leave as per board policy GCCA/GDCA.**
  - a. Certified staff & aides working 30 or more hours per week and a nine-month work year are entitled to 12 days.
  - b. Classified staff, excluding aides, working 30 or more hours per week and a nine-month work year are entitled to 12 days.
  - c. Certified staff and aides working from 20-29 hours per week and a nine-month work year are entitled to 6 days.
  - d. Classified staff, excluding aides, working 20 to 29 hours per week and a nine-month work year are entitled to 6 days.
  - e. Any staff member working a twelve-month work year will be entitled to 1 extra day of discretionary leave, in addition to the above limits.
  - f. Staff members working less than 20 hours per week are not entitled to discretionary leave.
- Discretionary Personal Leave as per board policy GCCA/GDCA.**
  - a. Discretionary leave may also be used for personal reasons up to five days per employee year.
  - b. A minimum of two days prior notice must be given to the immediate supervisor prior to personal days being used. The supervisor may exclude valid emergencies.
  - c. Leave shall not be granted immediately prior to or immediately following a school holiday, in-service days, parent-teacher conference days, or the last twenty days of school. Valid reasons may be considered.
- Discretionary Bereavement Leave as per board policy GDBDC/GCBDC.**  
Up to 5 days for a death in the immediate family.
- Civic Duty Leave, i.e. jury duty.**
- Professional Leave as per administrative approval**  
The building principal and the superintendent must approve all professional leave. Agreement must be reached as to the expense the district will cover prior to the event.
- Vacation**

### Signature Required

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

### Administrative Use Only

- Approved**
- Disapproved**

\_\_\_\_\_  
Signature of Building Principal

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Approved**
- Disapproved**

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_