



Please subr	mit this form (ot		ive) at least 2 days prior to the first day of absence if possible.
Employee Name:			
Position:			Department/Location:
Supervisor:			
Dates of Absence:	From:	To:	Total Days Absent:
			Full Day 🗌 A.M. Half Day 📗 P.M. Half Day 🗌
Type of Absence Requ	uested:		_
Sick		Vacation	Bereavement Professional
Military		Jury Duty	Personal Leave Other
Short Term Leave Without Pay: Employees may request in writing to their direct supervisor (1) day of leave without pay with proper documentation of need. The employee may only request this unpaid leave once every three years. The direct supervisor may approve or deny this request in writing. Their decision is final. Employees must work one contractual year prior to being eligible to request this leave. If leave is taken without prior approval, the employee will be out of compliance with the Sick Leave Policy/Regulation. (GCBD-R page 8) Reason for Short Term Leave request:			
	4		
Employee Signature			Date
Supervisor Approval			
Approved			
Denied			
Supervisor Signature			Date
	Superinte	ndent/Designe	e Approval (Leave before or after a holiday)
Approved			
Denied			
Superintendent Sign	ature		Date

BEREAVEMENT: An employee may be granted up to three consecutive work days or 24 hours of bereavement leave for the death of an immediate family member. Immediate family of an employee is defined on page 6 in policy GCBD-R. In addition to the bereavement leave for the death of a parent (employee's or spouse's), spouse or child of the employee, the employee may take two days (16 hours) of sick leave in conjunction with and consecutive to the bereavement leave. Employees shall remain in contact with their supervisors to have this leave approved.