

**JEFFERSON COUNTY NORTH USD 339
CLASSIFIED LEAVE REQUEST**

Date of Request: _____ Date of Leave: _____

Name: _____ School: _____ Time: From _____ to _____

Type of Leave: Sick _____ Vacation _____ Staff Development Meeting * _____

Personal** _____ *** Comp Time _____ Other (explain) _____

** Request to attend an Out-of-District meeting must be filled out and approved, prior to filling out leave request.*

****PERSONAL LEAVE**

An employee shall be granted three (3) days (24 hours) leave per year. These days will be accrued on a pro-rated monthly basis over the course of the fiscal year. Requests for leave may be amended by the Superintendent or his designee.

The following conditions shall govern the granting of personal leave days:

1. Personal leave days can be accumulated to five (5) days (40 hours).
2. Requests for personal leave shall be filed with the building principal at least five (5) days in advance of the anticipated leave date.
3. The availability of an acceptable substitute.
4. The building principal shall acknowledge the request and forward it to the Superintendent.
5. Staff who take leave may be charged in one half-hour segments depending upon the amount of time used.
6. Personal leave will not be granted during the first or last week of the school year on any regularly scheduled district staff development day, on days set aside for parent-teacher conferences and on the day immediately preceding or the day following a scheduled school holiday.
7. Personal leave days will be taken in minimum of one half hour segments.
8. The Superintendent is granted the discretion to exceed the limitations placed on personal leave. Further provided, that at the end of a contract year each employee will be compensated at the rate of 50% of their hourly wage for any unused personal leave that the employee does not wish to carry over for the next year.

**** Comp Time must be arranged in advance and must be subject to approval by supervisor*

Principal or Supervisor's Approval _____ Date _____

Superintendent's Approval _____ Date _____

Leave Denied _____ Date _____

SUBSTITUTE REPORT

Substitute's Name _____ SSN _____

Address _____

Signature of Substitute _____ Time In: _____ Time Out: _____