

LINCOLN PARISH SCHOOL BOARD -EMPLOYEE REQUEST FOR LEAVE

Employee Name (Print): _____ Work Site: _____

Date(s) of absence(s): _____ Social Security # (last 4 digits) _____

____ Central Office ____ Principal ____ Teacher ____ Bus Driver ____ Secretary/Clerical ____ Custodian/Maid/Maintenance ____ Paraprofessional ____ Other

All leave is at full pay unless otherwise noted. If policy requirements for any day of leave selected are not met OR if any day of leave selected is not available to the employee, pay will be docked at 100% of the employee's daily rate of pay for each day. Note: The daily rate of pay for employees is based on the number of contract days the employee works. (Total gross salary divided by number of contract days)

PLEASE SELECT WHICH TYPE OF LEAVE YOU ARE REQUESTING BY INDICATING NUMBER OF DAYS IN THE BLANK

SICK LEAVE – The following uses of sick leave reduce balance of accumulated sick leave.

_____ **SICK LEAVE – Employee's Personal Illness.** I affirm by checking this blank that I am sick and unable to carry out my responsibilities as an employee of the Lincoln Parish School System. (Doctor's statement required for 6 or more consecutive days of absence or upon request of supervisor)

_____ **SICK LEAVE – Immediate Family Member's Death or Illness.** I affirm by checking this blank that I am unable to carry out my responsibilities as an employee of the Lincoln Parish School System because of sickness or death in my immediate family. Employees allowed 5 days for death in immediate family. (Doctor's statement is required for 6 or more consecutive days of absence or upon request of supervisor)

_____ **PERSONAL LEAVE** – (NOT AVAILABLE FOR 12-MONTH EMPLOYEES) **Maximum 2 days per year.** Additional days are docked at **100%** of employee's **daily rate of pay** even if employee has a balance of sick leave. Must give immediate supervisor at least **24 hours notice** and get written permission to take leave.

_____ **PERSONAL BUSINESS LEAVE** – **Maximum 3 days per year available ONLY for teachers and bus drivers.** Pay is reduced by the rate of substitute (even if a sub is not required) pay for each day of leave. Any additional days are docked at 100% of the employee's daily rate of pay. **PROIR WRITTEN** permission from principal and/or supervisor must be on file. Must give immediate supervisor at least **24 hours' notice.** (NOT AVAILABLE FOR 12-MONTH EMPLOYEES.)

_____ **EXTENDED SICK LEAVE** – (For **employee** or illness of **immediate family** (spouse, parent, child). Only eligible when employee has no sick leave available. Pay is reduced by 35% of daily rate of pay. The employer automatically declares this leave as qualified Family Medical leave under the FMLA of 1993. **Maximum 90 days available in a 6-year period. Proper application & doctor's statement must be attached hereto or submitted within 3 days of return to work if the leave is unexpected or for emergency purposes.**

_____ **ANNUAL LEAVE / VACATION** – (AVAILABLE TO 12-MONTH EMPLOYEES ONLY) Reduces accumulated balance of annual leave. Must be given written permission from immediate supervisor at least **24 hours prior** to date of absence.

_____ **SCHOOL BUSINESS** – Absence from normal work responsibilities for school business activities other than professional development. Examples: Participation on committees, student (your class - not own child) field trips/extra-curricular activities, community outreach, school related court summons, or subpoena. Must be given written permission from immediate supervisor at least **36 hours prior** to date of absence. **Written documentation of event must be attached hereto. (Example: Agenda, invitation, etc.) Documentation is also required for athletic events – invitation, schedule of games/bracket, letter of notification, etc. Provide explanation below.**

_____ **PROFESSIONAL DEVELOPMENT** – School or district activities, meetings, workshops, etc., other than those included in the school calendar, for the purpose of employee professional enhancement or district informational purposes. Examples: Staff dev. workshops, SDE meetings, skills/methods sessions related to employee's job duties. Must be given written permission from immediate supervisor at least **36 hours prior** to date of absence. **Written documentation of event must be attached hereto. (Example: Agenda, invitation, etc.) Provide explanation below.**

_____ **OTHER** – (For Jury Duty- attach summons & send any payment made to you to LPSB. LPSB will refund to you any travel allowance included in the payment.) **Written documentation of event must be attached hereto. (Example: Agenda, invitation, etc.) Provide explanation below.**

Explanation/Comments: _____

I CERTIFY THAT MY ABSENCE FROM DUTY WAS FOR THE REASON NOTED ABOVE.

_____ Date

_____ Employee Signature

_____ Date

_____ Authorizing Signature

Fund substitute is to be paid from (if applicable): _____