

Southern Minnesota Education Consortium #6083

Alden-Conger, Glenville-Emmons, Grand Meadow, Kingsland, Leroy-Ostrander, Lyle, Southland

Request/Report for Leave of Absence

Employee: _____

Date(s) of Absence: _____

Time To Be Used (in days): _____

Substitute Needed: Yes No If yes, name of substitute: _____

Leave Reason (Please Check Appropriate Box):

- Personal Leave With Pay
- Personal Leave Without Pay
- Sick Leave With Pay
- Sick Leave Without Pay
- Vacation
- Emergency Leave – Bereavement (Explain)
- Emergency Leave – Personal (Explain)
- Emergency Leave – Family (Explain)
- Jury Duty

Explanation: _____

Employee Signature: _____ Date: _____

Office Use Only:

Employee has leave available in requested amount: Yes No

Check One:

- Leave Request Approved
- Leave Request Not Approved

Administration Remarks: _____

Director of Special Ed Signature: _____

Executive Director Signature: _____

Please scan and email all leave request forms to payroll@smec.k12.mn.us