

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):

- | | |
|---|--|
| <input type="checkbox"/> Personal Leave With Pay | <input type="checkbox"/> Emergency Leave – Bereavement (Explain) |
| <input type="checkbox"/> Personal Leave Without Pay* | <input type="checkbox"/> Emergency Leave – Personal (Explain) |
| <input type="checkbox"/> Sick Leave With Pay | <input type="checkbox"/> Emergency Leave – Family (Explain) |
| <input type="checkbox"/> Sick Leave Without Pay* | <input type="checkbox"/> Jury Duty |
| <input type="checkbox"/> Professional Leave (Explain) | |
| <input type="checkbox"/> Vacation | |

* Leave without pay can only be used once all accrued PTO is gone.

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