

OHIO VALLEY ESC LEAVE REQUEST FORM

This form must be completed when requesting leave other than Professional Leave. Requests must be made in accordance with Board Policy (BP). Leave Request Forms must be returned to the ESC Superintendent. **All requests must be in increments of ½ or 1 day.**

Name: _____

Date of Application: _____

Leave Requested (check one): ☐ Sick Leave (see BP 3.14, note: 5 or more consecutive days you must include Doctor's excuse)

_____ Vacation Leave (see BP 3.16)

_____ Personal Leave (see BP 3.17)

_____ Jury Duty (see BP 3.18, must include copy of subpoena)

 FMLA (see BP 3.04)

_____ Unpaid Leave

Explain with reason: _____

Date(s) Requesting: _____

(starting and ending date if more than one day)

I verify that this leave request is valid and follows the policies set by the Governing Board.

Employee Signature

Office Use Only

____ Approved

 Disallowed

Recommended

Supervisor Signature

Date _____

____ Approved

Disallowed

 Recommended

Superintendent Signature _____

Date _____