

**TULSA PUBLIC SCHOOLS
ABSENCE FROM WORK REQUEST/REPORT - CERTIFIED PERSONNEL**

Name _____ Social Security Number _____ Date _____

Building/Assignment _____

- 001 SICK LEAVE** 007
- a. Personal Illness/Injury _____
 - b. Illness/Injury/Death Immediate Family _____
Relationship _____
 - c. Doctor's Appointment (not routine) _____
 - ** d. On the Job Injury _____
 - e. Sick Leave Pool _____
 - f. Bereavement _____

- 002 *FMLA LEAVE (Family & Medical Leave)**
- a. Birth, adoption or child placement _____
 - b. Serious illness of immediate family member _____
 - c. Employee's serious illness _____

- 003 PERSONAL BUSINESS LEAVE**
(Up to 5 days per year may be used-
Substitute deduct required) _____

- 004 *VACATION (applicable to 12-month employees only)**
Vacation Dates Requested _____

- 005 *EMERGENCY**
- a. Adoption _____
 - b. Household Emergency _____
 - c. Immediate family member death _____
Relationship _____
 - d. Court Hearings _____
 - e. Religious _____
 - f. Professional Meetings _____

- 006 MISCELLANEOUS (Proper documentation required and
should be attached prior to approval)**
- a. Military _____
 - b. Jury Duty _____
 - c. Subpoena to Testify _____
 - d. Other _____

- *SCHOOL RELATED ACTIVITIES**
- a. Instructional
 - Name of workshop _____
 - Purpose and place of meeting _____
 - Estimate of Expenses
 - Registration \$ _____
 - Transportation _____
 - Lodging _____
 - Meals _____
 - Other _____
 - Total _____
 - Substitute Requested _____ Yes ___ No ___

- Account number _____
- c. TCTA (Need prior approval by TCTA President) _____
- d. Other _____

Supervisor/Principal/Director Signature

Funding Source Signature (if needed)

- 008 *EXTENDED LEAVE OF ABSENCE**
- a. Child Care _____
 - b. Personal Illness _____
 - c. Caring for Sick Member of Immediate Family _____
 - d. Further Study _____
 - e. Public Office _____
 - f. TCTA President and First Vice President _____
 - g. Extended Military Leave _____
 - h. Sabbatical _____
 - i. Other _____

(The above leaves require processing through
Division for Human Resources. Contact
Human Resources for applicable forms.)

TOTAL NUMBER OF DAY(S) _____

PRIOR NOTICE REQUIRED TO SUPERVISOR/PRINCIPAL; PRIOR APPROVAL MAY ALSO BE REQUIRED. Note: Detailed information regarding leave available to certified employees is included in the Certificated Personnel Handbook. The information I have completed above is true and accurate to the best of my knowledge and belief.

Employee's Signature _____ Date _____

It is the responsibility of the staff member requesting leave to verify that their request has received appropriate administrative approval before leave is taken. Failure to do so may result in loss of pay.

IF LEAVE HAS EXPIRED OR DONATED LEAVE IS APPLICABLE, PLEASE SIGN STATEMENT BELOW

EXPIRED LEAVE:

I was absent beyond my available leave and understand there will be a payroll deduction from my salary.

DONATED LEAVE:

I have applied for donated sick leave days. If approved, the donated leave may be applied retroactively to the date of application, before a deduction is made.

DATE _____ SIGNATURE _____

Administrator's Signature _____ Date _____

REPORT - TO BE COMPLETED AFTER RETURNING FROM LEAVE

PLEASE RETURN THIS FORM TO THE SITE SUPERVISOR IMMEDIATELY!

Date of Absence(s) _____ Total Days Absent _____

Substitute Acquired _____ Yes _____ No _____ Total Days _____ Coverage in Building? _____ Yes _____ No _____ Total Days _____

Employee's Signature _____ Building/Site _____