

# Marysville Public Schools – Certified Request for Leave Time

**Employee ID #** \_\_\_\_\_

**Name** \_\_\_\_\_ **Today's Date** \_\_\_\_\_

**Requested Date(s):** \_\_\_\_\_

**Building:** \_\_\_\_\_

\_\_\_\_\_ Full Day  
 \_\_\_\_\_ Partial Day (a.m. \_\_\_\_ p.m. \_\_\_\_ ) AND/OR Number of Hours \_\_\_\_\_ MIS/MHS: 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_ 6\_\_ 7\_\_

- Procedures for Processing Un-reviewed Business Days**
- A. Completed form goes to Building Secretary for Principal Signature
  - B. Secretary calls C.O. to confirm availability of date (at least 5 days in advance)
  - C. Secretary sends form to Payroll office
  - D. C.O approves and returns to building to be submitted with payroll for that pay period.

**Type of Leave Requested:**

	Administrators	Teachers
Chargeable	Personal Illness <input type="checkbox"/>	Personal Illness <input type="checkbox"/>
	Family Illness <input type="checkbox"/>	Family Illness (7 per year) <input type="checkbox"/>
	Un-reviewed Business <input type="checkbox"/>	Un-Reviewed Business (3per year) (5 day advance Building Principal approval) <input type="checkbox"/>
	Bereavement <input type="checkbox"/>	Bereavement <input type="checkbox"/>
	FMLA <input type="checkbox"/>	FMLA <input type="checkbox"/>
	Vacation <input type="checkbox"/>	
Non-Chargeable	Attend Prof. Development <input type="checkbox"/>	Attend Prof. Development <input type="checkbox"/>
	No Charge <input type="checkbox"/>	No Charge <input type="checkbox"/>
	No Pay <input type="checkbox"/>	No Pay <input type="checkbox"/>
	Jury Duty <input type="checkbox"/>	Jury Duty <input type="checkbox"/>
	Other <input type="checkbox"/>	Other <input type="checkbox"/>

**Explanation:** Please indicate your relation to family member if leave is for Family Illness or Bereavement as defined in contract or spouse, child or parent for FMLA. **EXPLANATION NOT REQUIRED FOR UNREVIEWED BUSINESS DAY.**

(Explanation indicates knowledge of conditions of leave per contract and employee's available leave days to date)

**Employee Signature:** \_\_\_\_\_

**Administrator/Supervisor:** \_\_\_\_\_

**Central Office Administrator:** \_\_\_\_\_

\*Compliance with Wage and Hour Regulations and contract provisions will be maintained in processing all leave requests.

**OFFICE STAFF USE**

Business Day Availability: Who Called C.O.? \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Substitute Required? YES \_\_\_\_\_ NO \_\_\_\_\_

Date Called for Sub: \_\_\_\_\_ Initials: \_\_\_\_\_ Name of Substitute: \_\_\_\_\_

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**PERSONNEL/PAYROLL**

Information As Of: \_\_\_\_\_ Date Checked: \_\_\_\_\_ Initials: \_\_\_\_\_

Charged to Employee: # Days: \_\_\_\_\_ Category: \_\_\_\_\_

Recorded By: \_\_\_\_\_ Recorded Date: \_\_\_\_\_

Employee Copy: Pink      Building Copy: Yellow      Secretary Copy: Gold      Central Office Copy: White