



# Morgan County School District Re-3 Leave Request Form



Administrator       Certified Employee       Classified Employee

_____	_____	_____
Full Name (please print)	Date(s) of Leave	Date Submitted
_____	_____	
School/Building	Grade / Subjects / Position	

All employees are expected to complete this request in compliance with board policies.  
This form must be completed and turned in to site principal or supervising director for authorization.

**Each staff member is responsible for documenting their use of leave days.  
If a request for leave is changed or no longer valid, it is the responsibility of the staff member  
to notify their supervisor and the Personnel Department of the change.**

Fill in the Number of Days in the Box

- Sick Leave** (See Association Agreements or GCCBA ) *List dates of leave*  
*Please submit in advance when possible, or complete upon return to work.* \_\_\_\_\_
  - Personal Leave\*\*** (See policy GCCBB & ACP Agreement. ) *List each date of leave* \_\_\_\_\_
  - Discretionary Leave\*\*** (See FMEA Agreement. ) *List each date of leave* \_\_\_\_\_
  - Vacation Leave** (See policy GCDB, GDD & ACP Agreement) *List each date of leave* \_\_\_\_\_
  - Jury Leave\*\*** (See policy GCCAB, GCCBB, GDCB) *Attach Juror Certification Report with this Leave Request Form* \_\_\_\_\_
  - Family Medical Leave Act\*\***(See policy GCC, GDCG) *Please see the Personnel Department for additional required paperwork.*
  - Maternity/Paternity/Parental Leave\*\*** (See policy GCCAC, GCCBC, GDCC, FMEA & ACP Agreements) \_\_\_\_\_
  - Worker's Compensation Leave** *Please see the Personnel Department for additional required paperwork.*
  - Bereavement Leave** (See policy GCCAB, GCCBB, FMEA & ACP Agreements ) *Relationship to employee* \_\_\_\_\_
  - FMEA Leave** (See policy GCCAH, FMEA Agreement) *President's signature required* \_\_\_\_\_
- Is the district reimbursed for this meeting?  Yes  No      Reimbursed by vocational education?  Yes  Other? \_\_\_\_\_
- Are you a current member of the organization sponsoring the meeting? \_\_\_\_\_      Are you presenting?  Yes  No
- Unpaid Leave** *List each date of leave & complete the Application for Unpaid Leave Form* \_\_\_\_\_

**\*\*Explain circumstances for request. (For personal or discretionary leave, you may cite confidential as the reason.)**

- Professional Meeting / Growth** (See policy GCI, GCID)  
Is the district reimbursed for this meeting?  Yes  No      Reimbursed by vocational education?  Yes  Other? \_\_\_\_\_  
Are you a current member of the organization sponsoring the meeting? \_\_\_\_\_      Are you presenting?  Yes  No

**Explain nature of professional leave:** \_\_\_\_\_