

**BELCOURT SCHOOL DISTRICT #7 Application for Absence/Leave****Form Date: 8/6/2014**

Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_ Total # Hrs Requested: \_\_\_\_\_

Dates of Leave: From (Date &amp; Time) \_\_\_\_\_ To: (Date &amp; Time) \_\_\_\_\_

Type of Absence/Leave Requested (Circle as Applicable) – **Needs Supervisor Approval Only**

Personal (Sch Cal)      Annual (12-Mo/Bwkly)      Personal Illness      Without Pay      Furlough      Comp Time      Trade Time      School-Related No Students

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Absence/Leave Requested (Circle as Applicable) – **Needs BOTH Supervisor and Superintendent Approval**Family Illness      Bereavement<sub>1</sub>      Bereavement<sub>2</sub>      Community Service      School-Related

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Event: \_\_\_\_\_ Event: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Event: \_\_\_\_\_ Event: \_\_\_\_\_ Event: \_\_\_\_\_

Employee      Supervisor      Superintendent

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Approval: \_\_\_\_\_ Date: \_\_\_\_\_

FOR ABOVE LEAVES/ABSENCES: Timekeeper records on timesheet, and if Superintendent approval necessary, Superintendent's Administrative Assistant will distribute copies to Payroll Officer (to be attached to timesheet to which leave/absence pertains) and to Human Resources.

**ALL OTHER TYPES OF LEAVES/ABSENCES OR FOR OTHER INFORMATION: See Below**

<b>ABSENCE/LEAVE TYPE (Policy/BdReg ID)</b>	<b>How to Apply</b>	<b>Who Approves</b>	<b>Special Rqrmnts/Prvs (See Policy for details)</b>	<b>Subtract from</b>	<b>For whom can be used</b>
Personal (DDBE)	This Form	Supervisor		PL Bal	Self (Employee)
Annual (DDBE)	This Form	Supervisor		AL Bal	Self (Employee)
Personal Illness (DAGD), Chemical Dependency (DDAC)	This Form	Supervisor	After 24 consecutive hours, doctor's slip required	SL Bal	Self (Employee)
Without Pay (DDC)	This Form	<=80Hrs per fy: Spvsr; >80<=120hrs per fy: Supt; >120hrs per fy: See Policy		N/A	Self (Employee)
Furlough, Comp, Trade Time (DCB,DCBA)	This Form	Supervisor	Prior Approval to Earn Needed	TmSht Bals	Self (Employee)
Family Illness (DAGD)	This Form	Supt thru Sprvsr	Maximum of 40 hours per school year.	SL Bal	Imm Family: spouse, children, grandchildren, any members of employee's home, father, mother, brother, sister, grandfather, grandmother, brother-in-law, sister-in-law, father-in-law, mother-in-law, grandparents-in-law.
Bereavement; DAGD	This Form	Supt thru Sprvsr	First 16 hours free.	N/A	Imm Family: spouse, children, grandchildren, any members of employee's home, father, mother, brother, sister, grandfather, grandmother, brother-in-law, sister-in-law, father-in-law, mother-in-law, grandparents-in-law.
Bereavement <sub>2</sub> (DAGD)	This Form	Supt thru Sprvsr	Max of 24 addl hrs: Beg: Day of funeral; End: 3rd calendar day following funeral.	SL Bal	Imm Family: spouse, children, grandchildren, any members of employee's home, father, mother, brother, sister, grandfather, grandmother, brother-in-law, sister-in-law, father-in-law, mother-in-law, grandparents-in-law.
Community Service/Activities (DECB)	This Form	Supt thru Sprvsr	See Policy	See Policy	Self (Employee)
Sch Related w/Students	Stdnt Trv Frm	Sprvsr/Prcl		N/A	Self (Employee)
Sch Related No Students	This Form or Trav Vchr	Supt thru Sprvsr		N/A	Self (Employee)
Education Leave Reg Wrk Day (DDDF)	See Policy	Supt thru Sprvsr	<=3 hrs per wk; Other rqrmnts in policy	N/A	Self (Employee)
Extended Educ Leave (DDDF, DDDF-BR)	See Policy	See Policy			Self (Employee)
Jury Duty/Court Subpoena (DDEA)	See Policy	See Policy			Self (Employee)
Professional (DDDA)	Travel Voucher	Sprvsr & Supt		N/A	Self (Employee)
Military (DDBD)	See Policy				Self (Employee)
Political Activities (DDCA)	See Policy				
Family&Medical Leave Act (DDAA,DDAA-BR,DDAA-E)	See Policy	See Policy	In writing as soon as possible.	See HR	Birth/1st yr care of son/daughter; adoption/foster placement of child; serious health condition of spouse, parent, or child; employee's own serious health condition, other special active military/service member.
Work-Related Injury (DEAF)	See Policy	See Policy			Self (Employee)

For employees covered under the Teacher negotiations Contract, please refer to that document for leaves/absences not covered above and/or for other details, provisions, requirement, restrictions, etc.