

**DISTRICT SCHOOL BOARD OF PASCO COUNTY
REQUEST FOR LEAVE**

OFFICE USE ONLY:
Run # _____ Employee Job # _____
Amended _____

INST. NONINST. ADMIN.

(1) Employee Requesting Leave	(2) Employee ID Number	(3) Effective Date(s) Including Travel Time (beginning) - (ending)	(4) Leave Duration Work Time ONLY
_____	_____	-	/
Last First MI	ID#	Time Mo Day Yr Time Mo Day Yr	Days Hours

(5) Data Entry Leave – WITH PAY	(6) Human Resources Leave – WITH PAY	(7) Human Resources Leave – WITHOUT PAY
<input type="checkbox"/> Illness, Personal <input type="checkbox"/> Illness: _____ Relationship <input type="checkbox"/> Personal (instructional only) <input type="checkbox"/> Personal (non-instructional and administrative) <input type="checkbox"/> Vacation	<input type="checkbox"/> Injury-in-line-of-duty (attach Injury Report copy) <input type="checkbox"/> Voluntary Sick Bank Leave Donation <input type="checkbox"/> Military (attach copy of orders) <input type="checkbox"/> Sick Leave Bank <input type="checkbox"/> Other (explain below)	<input type="checkbox"/> Child Rearing <input type="checkbox"/> FMLA <input type="checkbox"/> Illness, Personal <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Professional (explain below) <input type="checkbox"/> Personal (explain below) <input type="checkbox"/> Other (explain below)

(8) Explanation for request for Professional/Temporary Duty assignment and location
_____ _____

(9) Employee
_____ Signature Position School/Dept.
(10) Authorizing Administrator
_____ Signature Date

→ INSURANCE NOTICE ←
You must contact the Employee Benefits Section to continue group insurance coverage any time that you do not receive a regular pay check.