



# UNION PUBLIC SCHOOLS LEAVE REQUEST FOR PREVIOUS PAY PERIOD

NAME \_\_\_\_\_ DATE \_\_\_\_\_

POSITION \_\_\_\_\_ EMP ID# \_\_\_\_\_

SUPERVISOR \_\_\_\_\_ SITE \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_ TOTAL # DAYS \_\_\_\_\_ TOTAL # HOURS \_\_\_\_\_

REASON FOR LATE SUBMISSION: \_\_\_\_\_

(CHECK ONE)

SICK LEAVE FOR SELF   
(See UCTA 4080 or USPA 5.02)

SICK LEAVE FOR IMMEDIATE FAMILY  RELATIONSHIP: \_\_\_\_\_  
(See UCTA 4080 or USPA 5.02)

EMERGENCY LEAVE   
(Emergency Leave available only to Certified Teachers. See UCTA 4083 )

VACATION LEAVE   
(See USPA 5.06)

JURY DUTY/LEGAL LEAVE   
(See UCTA 4084 or USPA 5.08)

BEREAVEMENT OR FUNERAL LEAVE  RELATIONSHIP: \_\_\_\_\_  
(Funeral Leave available only to Certified and Administrators. See UCTA 4087 or USPA 5.04 to confirm appropriate leave type.)

PERSONAL LEAVE   
(See UCTA 4088 or USPA 5.03)

OTHER TYPE OF LEAVE  \_\_\_\_\_

EXPLANATION (if necessary): \_\_\_\_\_

<p><b>FOR HR USE ONLY</b></p> <p><input type="checkbox"/> APPROVED*</p> <p><input type="checkbox"/> NOT APPROVED</p> <p>*Subject to leave balance availability as determined by Payroll, and Board Policy</p>
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor/Administrator Signature

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Payroll

This form is to be used only for absences submitted after Payroll's deadline for submission in Kronos or Aesop. Leave that is foreseeable is **required** to be submitted in advance of the Payroll period deadline. If submission prior to deadline is not possible or unusual circumstances exist, your request to designate leave after the pay period will be considered.