

JACKSON COUNTY SCHOOL DISTRICT #6
EMPLOYEE LEAVE REQUEST FORM & CRATER COMP TIME FORM

NAME: _____

DATE(S) OF LEAVE: _____

REASON FOR LEAVE*: _____

- NOTE: ANY EMPLOYEE WHO FALSELY CERTIFIES IN THIS RESPECT SHALL BE LIABLE FOR DISCIPLINARY ACTION INCLUDING DISMISSAL.

DAYS/HOURS

_____ VACATION HOURS REQUESTED (BALANCE: _____)

_____ PERSONAL LEAVE REQUESTED (BALANCE: _____)

_____ SICK LEAVE REQUESTED (BALANCE: _____)

_____ EARNED COMP TIME REQUESTED (BALANCE: _____)

_____ PROFESSIONAL DEVELOPMENT

_____ ATHLETICS

_____ JURY DUTY

_____ PERSONAL LEAVE DEDUCT SUBSTITUTE (TEACHERS ONLY)

_____ BEREAVEMENT LEAVE HOURS REQUESTED

EMPLOYEE SIGNATURE: _____

APPROVED BY: _____

ADDITIONAL HELPFUL INFORMATION: _____

CRATER COMP TIME



TODAY'S DATE: _____ DATE NEEDING COVERAGE _____

REASON FOR NEEDING COVERAGE:

- ATHLETICS/ACTIVITES (ATHLETIC DIRECTOR SIGNATURE) _____
- SCHOOL MEETING/INSERVICE (ADMINISTRATOR SIGNATURE) _____
- PERSONAL OR SICK LEAVE (ADMINISTRATOR SIGNATURE) _____

TIME OF DEPARTURE: _____

TIME (IN MINUTES) NEEDING COVERAGE BY STAFF MEMBER: _____

STAFF MEMBER (S) COVERING: _____