

Union County School District Personnel Leave Form

Employees taking a planned leave must complete this form in advance and give it to their supervisor for approval. Employees who have to take an unplanned leave must complete this form immediately upon their return to work and give it to their supervisor.

REASON CODE (Circle One)	DEFINITION See Policies GCC (Professional Staff) and GDC (Support Staff) for further clarification.	
2	PERSONAL LEAVE. Five (5) sick leave days per fiscal year may be used for personal reasons.	
1	PERSONAL ILLNESS. Sick leave used for the employee.	
F	FAMILY ILLNESS. (Circle the appropriate family member) Spouse Child Parent Sibling Guardian Grandparent Grandchild In-Law Other Family Maternity	
3	BEREAVEMENT. Sick leave may be used for bereavement.	
J	CIVIL LEAVE/JURY DUTY. Used when an employee has been summoned for jury duty. Payment received for jury duty must be reimbursed to Union County Schools..	
6	FAMILY MEDICAL LEAVE OF ABSENCE (FMLA).	
7	WORKERS COMPENSATION. Used when an employee has been injured on the job. Proper forms must be filled out with the Benefits Department.	
A	ANNUAL LEAVE. Used as vacation for full-time, 12-month employees.	
M	MILITARY LEAVE.	
P	PROFESSIONAL LEAVE. Days absent for Workshops, etc. (Attach Agenda) Meeting Description: _____ Meeting Date, Place, Time: _____ Substitutes Account (If different from payroll for reimbursement) _____ Funding Source/ Travel Account to be charged: _____ Estimated Cost: _____ Registration _____ Travel _____ Lodging _____ Food _____ Other _____	
Data for use in estimating Costs: Mileage Reimbursement: At State rate of 54.5 cents per mile. Max.per diem reimbursement for meals: \$32.00 Receipts are required for meal reimbursement. Other instructions/travel rules may be found on District travel expense voucher forms.		
Number of Days :	Dates Absent:	Last 4 digits - SSN:
Employee Name PRINTED: _____		
Employee Signature: _____		Date: _____
Supervisor Signature: _____		Date: _____
Program Officer Approval *		Date: _____
Superintendent Approval *		Date: _____
* = (If necessary)		
Travel Reimbursement Request must be accompanied by approved copy of this form		