

## ADMINISTRATIVE LEAVE REQUEST

Summary: ALL staff who are in positions which provide sick leave, the District will offer an additional (up to) 10 days of paid administrative leave (as needed for the remainder for the 19/20 school year) for use when current paid leave is depleted. This leave is not cumulative.

Parameters: If you are unable to work due to sickness related to suspected symptoms/quarantine/isolation at home from the Covid-19 virus or lack of dependent care as a result of closures AND:

- Available leave is depleted, up to 10 days of additional paid leave can be requested.
- Medical documentation and supporting form for administration will be required.

### Submission

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor/Principal: \_\_\_\_\_

Request Reason (*please circle*)\*:

Personal Sick      Family Sick      Dependent Care      At-Risk Group/Self Isolation      Quarantine

\* Supporting documentation is required.\*

Sick Leave Exhausted:      Y/N      Personal Leave Exhausted:      Y/N

*Depletion of sick/personal leave is required before application of administrative day(s) is considered.*

Total Day(s) Requested: \_\_\_\_\_ Absence Date(s): \_\_\_\_\_

I understand that with this request for Administrative (Paid) Days, I am affirming I am unable to work based on the reason identified. This information is accurate and I understand supporting documentation is required. In the event of any discrepancy, I will be required to submit any further information as required to substantiate the period of absence. Violations may be subject to repayment and disciplinary action, up to and including discharge.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Admin./Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Submit completed form to HR/Admin.*

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### ADMINISTRATION OFFICE USE ONLY

Date Received/Administration: \_\_\_\_\_

Supporting Doc. Meets Requirements:      Y/N

If no, why: \_\_\_\_\_

Total Days/Time Approved: \_\_\_\_\_ Date(s): \_\_\_\_\_

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

Date to Payroll: \_\_\_\_\_ Pay Period Application: \_\_\_\_\_

Payroll Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_