

THE DUVAL COUNTY SCHOOL BOARD  
APPLICATION FOR ABSENCE OF ALL PERSONNEL FROM REGULAR WORK LOCATIONS

NAME: \_\_\_\_\_ RC#: \_\_\_\_\_ DATE: \_\_\_\_\_  
(PLEASE PRINT)

PIN: \_\_\_\_\_ POSITION: \_\_\_\_\_

**LEAVE USED:** Must check and identify appropriate item(s) to be charged.

☐ Sick ☐ Annual ☐ Personal ☐ TDE ☐ LWOP ☐ Professional ☐ Court/Jury

☐ Illness/Injury ORIGINAL DATE OF INJURY \_\_\_\_\_

☐ Sick Leave Pool ☐ Other \_\_\_\_\_

(Fields are free-form. Input data or select from drop down boxes (if applicable).)

For Reason of Explanation put in explanation corresponding to alpha line).

	IDENTIFY TYPE				Time		Time
A - DATE(S) _____	TYPE OF LEAVE _____	/ # HOURS _____	FROM _____	TO _____			
B - DATE(S) _____	TYPE OF LEAVE _____	/ # HOURS _____	FROM _____	TO _____			
C - DATE(S) _____	TYPE OF LEAVE _____	/ # HOURS _____	FROM _____	TO _____			
D - DATE(S) _____	TYPE OF LEAVE _____	/ # HOURS _____	FROM _____	TO _____			
E - DATE(S) _____	TYPE OF LEAVE _____	/ # HOURS _____	FROM _____	TO _____			

Reason or explanation: <b>A</b> _____	
<b>B</b> _____	<b>D</b> _____
<b>C</b> _____	<b>E</b> _____

If requested sick leave is not for employee, please complete this section:

☐ Illness ☐ Or Death of relative/member of household Relationship to employee \_\_\_\_\_

Name of Relative \_\_\_\_\_ Address of Relative \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
AUTHORIZED SUPERVISOR

☐ NO SUBSTITUTE REQUIRED

Approve only the available balance of requested type leave. Otherwise charge as:

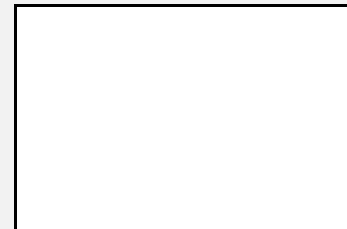
☐ Authorized Leave Without Pay ☐ Unauthorized Leave Without Pay

**Directions for filing leave requests:**

1. This form is designed for "short term" absences and must be filed when an employee is absent from his or her regular duties. All requests should be routed through the appropriate supervisor and "original" (white copy) sent to the Payroll Office.
2. Employees are required to furnish such information and additional documentation as may be needed based upon current School Board policies and bargaining agreements (e.g. doctor's statements, subpoenas, death notices, military orders, etc.)
3. Consecutive number of Sick Leave days used requiring a doctor's statement is dependent upon current School Board policy and bargaining agreements. The doctor's statement should state the length of time.

**Special Notes**

1. Sick - For illness of employees or others (based upon the School Board policy and bargaining agreements.)
2. Annual-Allowed number of days used per year based upon School Board policy and bargaining agreements.
3. Personal- Limits set by policy and bargaining agreements. Leave used reduces the available Sick Leave balance.
4. TDE - Required approval based upon School Board Policy.
5. LWOP- Allowed number of days used per year based upon School Board policy and bargaining agreements.
6. Professional - Allowed number of days used based upon School Board policy and bargaining agreements.
7. Illness/Injury (Line of Duty) and corresponding date; Doctor's statement required.
8. Court/Jury - Proof of attendance required.
9. Military - Copy of orders required (must be sent through Personnel Division for approval)
10. Sick Leave Pool - Eligibility based upon School Board policy and bargaining agreements.



**FOR OFFICE USE ONLY**