

CARTERET COUNTY SCHOOLS REQUEST FOR APPROVAL OF LEAVE

(MUST BE COMPLETED AND APPROVED PRIOR TO LEAVE BEING TAKEN)

Name of School _____ Name of Employee _____

This is to advise that I wish to use leave as designated below:

- ANNUAL LEAVE** (Reason code 20)

- BONUS LEAVE** (Reason code 28)

- PERSONAL LEAVE – For eligible certified employees only** (Reason codes 06 or 16 depending on type of substitute)

- PROFESSIONAL / EDUCATIONAL LEAVE** (Reason codes 04 or 14 depending on type of substitute)

- SICK LEAVE / DR. APPT.** (Reason codes 01 or 11 depending on type of substitute)

- EXTENDED SICK LEAVE – For eligible certified employees only** (Reason codes 03 or 13 depending on type of substitute)

- CHILD INVOLVEMENT LEAVE** (Reason code 10) (4 hours per year)

- COMP TIME – For eligible hourly employees only** (Reason code 55)

- LEAVE WITHOUT PAY** (Reason codes 07 or 17 depending on type of substitute)

- OTHER:** _____

Dates: Beginning _____ Ending _____ Total Days _____

EMPLOYEE SIGNATURE _____ DATE _____

SUPERVISOR APPROVAL _____ DATE _____

POSTED TO LEAVE RECORD BY _____ DATE _____