

Leave of Absence Form

Each Leave of Absence request must be approved by Site Administrator/Supervisor and submitted with the regular payroll.

LAST NAME (Print or Type) Kolasa		FIRST Jill	INITIAL	EMPLOYEE I.D. NUMBER 07291																																
POSITION Director		SCHOOL/COST CENTER Student Services - 9440																																		
<p>Except in the case of an emergency, all leave, other than sick leave, must be approved in advance. If the request for sick leave is pre-planned (i.e. doctor's appointment), it must be pre-approved. For sick leave absences that are not pre-planned, this form must be completed upon return within five (5) working days.</p> <p>TO BE COMPLETED BY APPLICANT:</p> <p>I hereby apply for: _____ This leave is requested: <input checked="" type="checkbox"/> With Pay <input type="checkbox"/> Without Pay <input type="checkbox"/> Substitute Needed</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input type="checkbox"/> Sick Leave <input type="checkbox"/> Worker's Comp</p> <p><input type="checkbox"/> Personal Leave (charged to Sick Lv.) <input type="checkbox"/> Military Leave</p> <p><input type="checkbox"/> Personal Leave (Without Pay) <input type="checkbox"/> Vacation Leave</p> <p><input type="checkbox"/> Professional Leave <input checked="" type="checkbox"/> Temporary Duty (Attach documentation)</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Compensatory Time (non-exempt employees only)</p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p><small>*Note: This leave does not constitute any salary in addition to that which the individual would normally receive for the dates indicated herein.</small></p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <p><input type="checkbox"/> Per Diem <input type="checkbox"/> Mileage <input checked="" type="checkbox"/> Meals</p> <p><input type="checkbox"/> Registration <input checked="" type="checkbox"/> Hotel Expense (Single Room Rate)</p> </div> </div> <p>Number of Hours Requested <u>40</u></p> <p>Purpose/Benefit (DO NOT use acronyms) <u>113th Annual Conference of the International Association of Truancy & DO Prevention</u></p> <p>Destination <u>Memphis, Tennessee</u></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">BEGINNING</th> <th colspan="2" style="text-align: center;">ENDING</th> </tr> <tr> <td style="width: 25%;">Time <u>8:00</u> AM _____ PM</td> <td style="width: 25%;">Time _____ AM <u>4:00</u> PM</td> <td style="width: 25%;">Time _____ AM _____ PM</td> <td style="width: 25%;">Time _____ AM _____ PM</td> </tr> <tr> <td>Day of Week <u>Saturday</u> Date <u>10/18/2025</u></td> <td>Day of Week <u>Wednesday</u> Date <u>10/22/2025</u></td> <td>Day of Week _____ Date _____</td> <td>Day of Week _____ Date _____</td> </tr> </table> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <p style="text-align: center;">SOURCE OF FUNDS</p> <p style="text-align: center;">SUBSTITUTE CHARGED TO:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">FUND</th> <th style="width: 15%;">FUNCTION</th> <th style="width: 15%;">OBJECT</th> <th style="width: 15%;">CENTER</th> <th style="width: 15%;">PROJECT</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> </div> <div style="width: 48%;"> <p style="text-align: center;">TRAVEL EXPENSE CHARGED TO:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">FUND</th> <th style="width: 15%;">FUNCTION</th> <th style="width: 15%;">OBJECT</th> <th style="width: 15%;">CENTER</th> <th style="width: 15%;">PROJECT</th> </tr> <tr> <td>1100E.6100.3340.9440.64900</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> </div> </div> <div style="margin-top: 20px;"> <p>X Signature of Applicant <u><i>Jill Kolasa</i></u> Date <u>8/8/25</u></p> </div>					BEGINNING		ENDING		Time <u>8:00</u> AM _____ PM	Time _____ AM <u>4:00</u> PM	Time _____ AM _____ PM	Time _____ AM _____ PM	Day of Week <u>Saturday</u> Date <u>10/18/2025</u>	Day of Week <u>Wednesday</u> Date <u>10/22/2025</u>	Day of Week _____ Date _____	Day of Week _____ Date _____	FUND	FUNCTION	OBJECT	CENTER	PROJECT						FUND	FUNCTION	OBJECT	CENTER	PROJECT	1100E.6100.3340.9440.64900				
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FOR OFFICE USE ONLY: ☒ APPROVED ☐ NOT APPROVED
Site Administrator/Supervisor: *[Signature]* Date: 8/8/25
Project Director (If applicable): _____ Date: _____

TO BE COMPLETED BY PRINCIPAL OR SUPERVISOR AND SUBMITTED WITH THE REGULAR PAYROLL.

This leave constitutes _____ hour(s) for the regular employee listed above.

Name of substitute(s) (if any): _____ Amount of Time substituting: _____

_____ hours: _____ days.

_____ hours: _____ days.

DISTRIBUTION:
White : Payroll
Yellow : Applicant (Attach to Travel Reimbursement form)
Pink : Applicant
Gold : Site Administrator