



Leave Application for LAPS Employees

Employee Name (Please Print): _____

Date of Request: _____

Date(s) of Leave Requested / Location: _____

Leaving from _____ am/pm to _____ am/pm.

Total Number of Hours of Leave Requested: _____

Please select appropriate leave from the options below:

Does not count toward attendance. <i>*Certified</i>	Can count toward attendance. <i>*Certified</i>
_____ Bereavement	_____ LOA (Leave of Absence) (Contact Human Resources)
_____ Coaching	_____ Leave without Pay
_____ FMLA (Contact Human Resources)	_____ Sick Leave (over 3 days may require a doctor's note)
_____ Jury Duty (Provide Court Form)	_____ Vacation (Annual Leave)
_____ LAFSE (Union Officials Only)	
_____ Military Leave	
_____ Professional Development	
_____ Religious Leave (Cite Observance)	
_____ Worker's Compensation Leave (Discuss with Benefits Specialist)	

Employee Signature: _____ **Date:** _____

Supervisor/Principal Signature: _____ **Date:** _____

_____ Approved _____ Not Approved

Approval of Director of Human Resources is required for leave in excess of three (3) days not related to illness or family emergency. **Leave will not be approved both before and after the same holiday. (Negotiated Contract Article VIII #3)**

Director of Human Resources: _____

