

North Kitsap School District No. 400
ABSENCE REPORT OR APPLICATION FOR LEAVE FORM

Non Bargained Employees

NAME _____

SCHOOL _____

POSITION _____

DATE OF THIS APPLICATION _____

LEAVE REQUESTED _____ to _____ = _____ DAY(S) OF LEAVE
starting date ending date

IS SUBSTITUTE NEEDED? (YES) (NO) TIME TO REPORT _____

Type of Leave Request

- | | |
|-------------------------------|---------------------------------|
| ___ Sick Leave | ___ Leave of Absence/LWOP***** |
| ___ Disability/Maternity***** | ___ Military Leave**** |
| ___ Birth/Adoption** | ___ Family Leave**** |
| ___ Family Illness* | ___ Vacation** |
| ___ Bereavement*** | ___ Emergency***** |
| ___ Jury Duty & Subpoena*** | ___ Use of Compensation Time*** |
| ___ Personal** | |

- Codes: (*) Requires explanation
(**) No explanation required; approval of supervisor & superintendent/designee required
(***) Requires explanation & supervisor's approval
(****) Requires explanation; approval of supervisor and Superintendent/designee required.

Explanation:

Signed _____

Employee

___ Approved ___ Not Approved _____ Date _____

Supervisor

___ Approved ___ Not Approved _____ Date _____

Superintendent/Superintendent's Designee