



# 2022-23 PCSST LEAVE/ABSENCE REQUEST AND AUTHORIZATION FORM

## PERSONAL DETAILS

First Name	Last Name
Title	Phone

## PERIOD OF ABSENCE

Start Date	Return To Work Date
Number of Days	Half Day Only <input type="checkbox"/> Morning Absence <input type="checkbox"/> Afternoon Absence

## ABSENCE TYPE

**SICK LEAVE**     Attached     Not Attached  
*See PCSST HANDBOOK POLICY – Section 5 – Pages 40-41*

**FAMILY ILLNESS DAY**  
*See PCSST HANDBOOK POLICY – Section 5 – Page 41*

**PERSONAL LEAVE**  
*See PCSST HANDBOOK POLICY – Section 5 – Page 45*

**BEREAVEMENT**     Attached     Not Attached     Specify Relationship \_\_\_\_\_  
*See PCSST HANDBOOK POLICY – Section 5 – Pages 42-43*

**JURY SERVICE**     Attached     Not Attached  
*See PCSST HANDBOOK POLICY – Section 5 – Page 43*

**VACATION** (For 12 Month Staff Only)  
 Must be approved by the Lead Person in advance.

**OTHER**  Paid     Unpaid

## LEAVE/ABSENCE REQUEST FORM SIGNATURES

<b>STEP 1</b>	
EMPLOYEE'S SIGNATURE	DATE
<b>STEP 2 – Please obtain approval from Supervisor</b>	
SUPERVISOR'S SIGNATURE	DATE
<b>STEP 3 – Please obtain approval from the School Coordinator or Principal</b>	
SCHOOL COORDINATOR'S OR PRINCIPAL'S SIGNATURE	DATE
<b>STEP 4</b>	
<b>SUBMIT TO LEAD PERSON</b>	
LEAD PERSON'S SIGNATURE	DATE
<b>STEP 5</b>	
<b>APPROVAL OF LEAVE – HR USE ONLY</b>	
HR COORDINATOR'S SIGNATURE	DATE

Approved

Not Approved

COMMENTS