

# Marysville Public Schools – Non Certified Request for Leave Time

Employee ID # \_\_\_\_\_

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Group \_\_\_\_\_ Building: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_

\_\_\_\_\_ Full Day  
 \_\_\_\_\_ Partial Day (a.m. \_\_\_ p.m. \_\_\_) AND/OR Number of Hours \_\_\_\_\_ MIS/MHS: 1\_\_2\_\_3\_\_4\_\_5\_\_6\_\_7\_\_

**Procedures for Processing Un-reviewed Business Days**

A. Completed form goes to Building Secretary for Principal Signature  
 B. Secretary calls C.O. to confirm availability of date (at least 5 days in advance)  
 C. Secretary sends form to Payroll office  
 D. C.O approves and returns to building to be submitted with payroll for that pay period.

**Type of Leave Requested:**

	Kitchen	Maintenance	Parapros	Secretaries
Non-Chargeable	Personal Illness <input type="checkbox"/>	Personal Illness <input type="checkbox"/>	Personal Illness <input type="checkbox"/>	Personal Illness <input type="checkbox"/>
	Family Illness <input type="checkbox"/>	Family Illness <input type="checkbox"/>	Family Illness <input type="checkbox"/>	Family Illness <input type="checkbox"/>
	Unreviewed Business <input type="checkbox"/> 5 Day Advance Approval Needed	Unreviewed Business <input type="checkbox"/> 4 Day Advance Approval Needed	Unreviewed Business <input type="checkbox"/>	Unreviewed Business <input type="checkbox"/>
	Reviewed Business <input type="checkbox"/> 5 Day Advance Approval Needed	Reviewed Business <input type="checkbox"/> 4 Day Advance Approval Needed	Reviewed Business <input type="checkbox"/>	Vacation, if available <input type="checkbox"/>
	Bereavement <input type="checkbox"/>	Bereavement <input type="checkbox"/>	Bereavement <input type="checkbox"/>	Bereavement <input type="checkbox"/>
	FMLA <input type="checkbox"/>	FMLA <input type="checkbox"/>	FMLA <input type="checkbox"/>	FMLA <input type="checkbox"/>
		Vacation <input type="checkbox"/>		
	Training <input type="checkbox"/>	Training <input type="checkbox"/>	Training <input type="checkbox"/>	Training <input type="checkbox"/>
	No Charge <input type="checkbox"/>	No Charge <input type="checkbox"/>	No Charge <input type="checkbox"/>	No Charge <input type="checkbox"/>
	No Pay <input type="checkbox"/>	No Pay <input type="checkbox"/>	No Pay <input type="checkbox"/>	No Pay <input type="checkbox"/>
Jury Duty <input type="checkbox"/>	Jury Duty <input type="checkbox"/>	Jury Duty <input type="checkbox"/>	Jury Duty <input type="checkbox"/>	
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>	

**Explanation:** Please indicate your relation to family member if leave is for Family Illness or Bereavement as defined in contract or spouse, child or parent for FMLA. **EXPLANATION NOT REQUIRED FOR UNREVIEWED BUSINESS DAY.**

**Explanation** (Indicates knowledge of conditions of leave per contract and employee's available leave days to date)

**Employee:** \_\_\_\_\_

**Administrator/Supervisor:** \_\_\_\_\_

**Central Office Administrator:** \_\_\_\_\_

\*Compliance with Wage and Hour Regulations and contract provisions will be maintained in processing all leave requests.

**OFFICE STAFF USE**

Business Day Availability: Who Called C.O.? \_\_\_\_\_ Verified By: \_\_\_\_\_ Date Verified: \_\_\_\_\_

Substitute Required? YES \_\_\_\_\_ NO \_\_\_\_\_

Date Called for Sub: \_\_\_\_\_ Initials: \_\_\_\_\_ Name of Substitute: \_\_\_\_\_

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**PERSONNEL/PAYROLL**

Information As Of: \_\_\_\_\_ Date Checked: \_\_\_\_\_ Initials: \_\_\_\_\_

Charged to Employee: # Days: \_\_\_\_\_ Category: \_\_\_\_\_

Recorded By: \_\_\_\_\_ Recorded Date: \_\_\_\_\_

*Employee Copy: Pink*

*Building Copy: Yellow*

*Secretary Copy: Gold*

*Central Office Copy: White*