



WAKE COUNTY PUBLIC SCHOOL SYSTEM REQUEST FOR LEAVE-REVISED

Name	Position/Grade/Subject
Employee Number	School/Department

I HEREBY REQUEST LEAVE AS FOLLOWS:

- ANNUAL (VACATION) LEAVE** Dates Requested: _____
 Total Working Days Requested _____
- SICK LEAVE** Dates Requested: _____
 Total Working Days Requested _____ Doctor's note may be required per policy.
- VOLUNTARY SHARED LEAVE** Dates Requested: _____
 Total Working Days Requested _____ Doctor's note required.
- BONUS VACATION LEAVE** Dates Requested: _____
 Total Working Days Requested _____
- EXTENDED SICK LEAVE (Deduction)** Dates Requested: _____
 Total Working Days Requested _____ Doctor's note required.
- PERSONAL LEAVE (Deduction)** Dates Requested: _____
 Total Working Days Requested _____ Principal's prior approval required.
- COMPENSATORY TIME** Dates Requested: _____
 Total Working Days Requested _____ **Attach copy of most recent time sheet.**
- NON-PAID LEAVE** Dates Requested: _____
 Total Working Days Requested _____ Board of Education approval may be required.
- MILITARY LEAVE** Date Leave Commences: _____
 _____ Short- Term (§10.1) Projected Date of Return (if known) _____
 _____ Extended Active Duty (§10.2) _____ Other (§§ 10.3, 10.4)
- OTHER** Dates Requested: _____
 Total Working Days Requested _____ Board of Education approval may be required.

Is a substitute needed? Yes No

Signature of Employee/Date	Approval by Principal or Supervisor/Date
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BUDGET CODE _____ - _____ - _____ - _____ - _____ - _____

Superintendent, Budget Manager, or Designee: _____ <div style="text-align: center;">Signature / Date</div>	Human Resources Approval: _____ <div style="text-align: center;">Signature / Date</div>
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WAKE COUNTY PUBLIC SCHOOL SYSTEM REQUEST FOR LEAVE-REVISED

DIRECTIONS

This form is to be used by all employees who request any type of leave. School Board Policies and their accompanying School Board Supplement govern all types of leave. You can find these policies at <http://www.wcpss.net/policy-files/index.html> under the 3800 Instructional Personnel or 4800 Support Personnel sections. For your convenience, the specific location of the policy pertaining to the type of leave you are seeking is in parentheses following each type of leave listed below. **Please refer to the policy for clarification regarding eligibility, requirements, and restrictions associated with the particular leave you wish to take. If you have any questions, please contact the Human Resources Administrator assigned to your school or Department.**

For short-term sick leave not covered by the Family Medical Leave Act (FMLA), and for annual leave and personal leave not requested in combination with other types of leave, this form remains at the school or department. **Compensatory time is only submitted on this form when used in conjunction with medical or other long-term leaves.** Leave requests should be submitted to the appropriate Human Resources administrator after approval by the immediate supervisor, and if necessary, a budget manager. All leave is taken in half or whole day increments. **All leave taken must be properly authorized and must conform to school board policies.** In order to comply with FMLA requirements, **please submit those leave forms associated with unforeseen medical conditions covered by FMLA to Human Resources within 3 days of the start of the employee's absence, whether or not the employee is available for a signature.** For medical leaves that are anticipated, and for any questions, please contact the HR Administrator assigned to your school or department.

All permanent personnel employed at least half time are eligible for leave. Those employees working less than 100% will earn leave on a pro-rated basis. Below are the types of leave that may be available to you:

- **ANNUAL LEAVE** - (§3.1)
- **SICK LEAVE** - (§4.1) Documentation from a licensed physician will be required for extended absences in accordance with policy, and may be required for shorter periods of absence as deemed necessary by the employee's supervisor. Sick leave may not be used for inclement weather days or in lieu of annual leave.
- **EXTENDED SICK LEAVE** – (§4.2) Mandatory substitute deduction.
- **VOLUNTARY SHARED LEAVE** (§4.3) Converts to sick leave.
- **BONUS VACATION LEAVE** (§3.4)
- **PERSONAL LEAVE** – (§5.1) Mandatory substitute deduction.
- **NON-PAID LEAVE** – (§9.6) MUST contact health benefits representative in the payroll office regarding continuation of health benefits PRIOR to going into non-paid leave status.
- **COMPENSATORY TIME** (§9.1; 4100/7910) Must be used prior to using accumulated leave where consistent with law and policy. Submit form only for medical or long term leaves.
- **MILITARY LEAVE** (§10.1; 10.2)
- **OTHER TYPES OF LEAVE:**
 - Educational** (§6.1)
 - Jury Duty** (§7.2)
 - Disability** (§4.5)
 - Discretionary** (§9.6.1 Supp)
 - Professional** (§6.2)
 - Court Attendance** (§7.3)
 - Workers' Compensation** (§9.2)