**HUUSD Staff Paid Time Off Request / Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee Name:** |       | **Location:** |       | **Date:** |   /  /     |

**Instructions:**

* For emergency sick leave being recorded “after the fact”, complete this form on the first day back to work.
* For all other types of leave (including non-emergency sick leave, for example, medical appointments), complete and submit this form as far in advance as possible.
* Sign and provide this form to your direct supervisor.
* The supervisor will review and approve (or not). If the request is not approved, you will receive this form back noting the reason(s) why.
* The leave will be debited against your current balance. (There is no follow-up form to complete.)
* IF YOU DO NOT TAKE LEAVE AS REQUESTED AND APPROVED, YOU MUST NOTIFY THE SUPERINTENDENT’S ADMINISTRATIVE ASSISTANT.

|  |  |  |  |
| --- | --- | --- | --- |
| **Paid Time Off Type** | **Leave Date(s) (Month/Day/Year)** | **Days** | **Hours**  |
|  | **From:** | **To:** |  |  |
| [ ]  | Bereavement |   /  /     |   /  /     |       |       |
| [ ]  | Civic (Jury Duty or Military Duty) |   /  /     |   /  /     |       |       |
| [ ]  | Personal Leave |   /  /     |   /  /     |       |       |
|  | [ ]  I certify that these personal days requested are to conduct personal business. |
| [ ]  | Professional Time |   /  /     |   /  /     |       |       |
| [ ]  | Religious |   /  /     |   /  /     |       |       |
| [ ]  | Sick Leave (personal) |   /  /     |   /  /     |       |       |
| [ ]  | Sick Leave (family) |   /  /     |   /  /     |       |       |
| [ ]  | Vacation |   /  /     |   /  /     |       |       |
| [ ]  | Other |   /  /     |   /  /     |       |       |

|  |  |
| --- | --- |
|  | **For Supervisor Use** |
|  |  |  |  |  | **Approved** |
| Supervisor Signature (or designee) | Date |  | **Not Approved** |
|  |  |
| Please acknowledge with your signature and return form to the office. |
|  |
|  |  |  |  |
| Employee Signature | Date |

**SUBSTITUTE REQUEST – IF APPLICABLE**

(To be complete by Principal or designee)

|  |  |  |  |
| --- | --- | --- | --- |
| **Substitute needed for (person):** |  | **Date (s):** |  |
|  |
| **Instructions/Comments:** |  |
|  |
|  |