

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
HUMAN RESOURCES

REQUEST FOR PERSONAL/SICK/VACATION LEAVE IN EXCESS OF EARNED LEAVE

Instructions: This form is used when an employee is requesting less than 14 days of unpaid leave. The employee must complete the first section of the form and submit it to the Cost Center Head.

I, _____, _____
Employee Name (Print) Employee ID No. (A#) SSN Last 4 digits

request authorization for leave of absence from _____

as _____ for _____ duty days/hours, beginning on _____

and returning to duty on _____ for the following reasons:

- Illness in excess of earned sick leave
- Personal leave in excess of earned leave
- Vacation leave in excess of earned vacation leave

Employee Signature _____ Date _____

Cost Center Head

Approved Yes No Substitute Is necessary for _____ (dates) Is not necessary

Principal/Cost Center Head Name (Print) _____ Principal/Cost Center Head Signature _____ Date _____

Human Resources Director/Coordinator

Approved Yes No Comments _____

Human Resources Director/Coordinator Name (Print) _____ Human Resources Director/Coordinator Signature _____

Date _____

Distribution: Original – Human Resources Personnel File Copy – Payroll