



Request for Leave

Please Print or Type

For Office Use Only

RUN # _____

Pay Type _____

In accordance with administrative regulations of the District School Board of Monroe County, I hereby request a Leave of Absence for the following period of time as indicated:

Name **Kailie Asam**

School/Department **ESE**

Position **DHH/Behavior**

Type of Leave Requested

☐ VACATION

☐ PERSONAL LEAVE

☐ *With Pay

☐ Without Pay

☐ JURY DUTY

☐ MILITARY LEAVE

☐ SICK LEAVE

Related to Injury-In Line of Duty

☐ FAMILY MEDICAL LEAVE- Eligible employees may request up to twelve weeks of unpaid leave. FML application must be completed & submitted with leave request from.

EXTENDED SICK LEAVE - (Without Pay) Related to:

ILLNESS

☐ INJURY in the line of Duty

A Doctor's statement is required for any extended sick leave that exceeds 30 days

☐ OTHER:

Explain

TEMPORARY DUTY IN-COUNTY:

Nature of meeting



TEMPORARY DUTY ELSEWHERE: Nature of meeting

Location:

Professional Crisis Management Instructor Certifi

Sunrise, FL

Travel charged to:

FUND

FUNCTION

OBJECT

CENTER

PROJECT

In order to receive reimbursement for this leave, a travel voucher must be submitted to the District office within 30 days of the return date. Attach a copy of Meeting Notification and/or Agenda

Employee
Signature:

Kailie Asam

Date: 08/27/2020

Approved:

L. Thompson

Date: 8-27-2020

Not
Approved:

Date:

Leave
Granted:

Date:

Not
Granted:

Date:

APPROVED FOR 8-31 TRAVEL PCM CANCELED