

**IOWA CITY COMMUNITY SCHOOL DISTRICT  
APPLICATION FOR LEAVE**

Filed in Triplicate  
One copy - Principal  
One copy - Personnel Office  
One copy - Applicant

Anderson Patrick Twain

10/23/06

Name (Last) (First) School Today's Date  
Please refer to the appropriate *Negotiated Agreement/Employee Handbook* to determine the number of days allotted for each category.

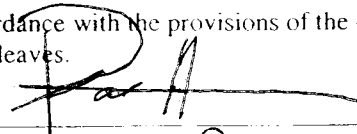
TYPE OF LEAVE (Check only one type per form)

	Leave Begins		Leave Ends		Total Time
	Date	Time	Date	Time	
1. PERSONAL LEAVE	10/30	8:00a.m	10/30	3:30	Full Day
2. EMERGENCY LEAVE					
3. SICK LEAVE					
4. FAMILY ILLNESS					
5. PARENTAL LEAVE					
6. JURY DUTY LEAVE					
7. BEREAVEMENT LEAVE					
8. OTHER					

1. Personal Leave does not require a reason unless the three day prior approval is to be waived.
2. Emergency Leave requires a reason and needs to be approved by Director of Human Resources.
3. Sick Leave may be used only for employee's personal illness.
4. Family Illness is for the illness/care of a family member. Family Illness Leave will be deducted from employee's sick leave. Please state the relationship between employee and family member.
5. Certified Staff may be granted Parental Leave following birth or adoption of a child. Parental Leave will be deducted from employee's sick leave.
6. Jury Duty Leave - attach copy of letter indicating your service for jury duty.
7. Bereavement Leave - please state below relationship to deceased.

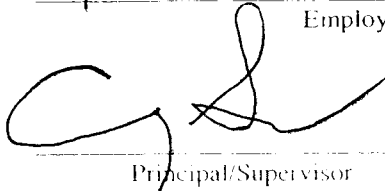
REASON FOR LEAVE REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that this request for leave is correct and in accordance with the provisions of the current negotiated agreement covering the terms and conditions of employee's use of leaves.



Employee's Signature

- Approved
- Unapproved



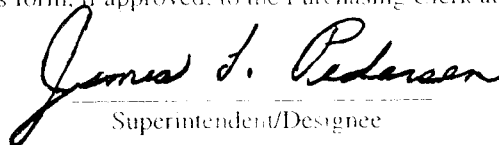
Principal/Supervisor

10/25/06

Date

Principal/Supervisor must submit all copies of this form, if approved, to the Purchasing Clerk at the CAO.

- Approved
- Unapproved



Superintendent/Designee

10/25/06

Date