

APPLICATION FOR LEAVE OF ABSENCE

DEPARTMENT OF EDUCATION
Form DOE, G-1, REV. 3/99, RS 99-0868 (Rev. of RS 94-5486)

Soc. Sec. No.

Sch. or Sub-Div. Code

Type of Leave Code

Bargaining Unit Code

Date _____

I, _____, _____ of _____,
NAME: Last, First, Middle Initial Position/Title School/Office
apply for a leave of absence as follows:

A. WITH PAY, charged to _____ for the calendar period:

From			to			No. of Hours	Approval Initial
Month	Day	Year	Month	Day	Year		
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

B. WITHOUT PAY, for the purpose of _____ for _____
Type of Leave

hours for the calendar period from _____ to _____
Month Day Year Month Day Year

Work Week Code

Doctor's certificate attached for sick leave or leave without pay for illness of 5 or more days.

- Approved (Vacation/sick leave only)
- Recommend Approval (other paid leaves or LWOP)
- Disapproved (All Leaves)

- Approved (Paid leave/LWOP-30 days or less)
- Recommend Approval (LWOP-more than 30 days)
- Disapproved (All Leaves)

- Approved
- Disapproved

Signature of Employee

Date Principal/Supervisor

Date Assistant/District Superintendent

Date Superintendent or Designee