

The School Board of Polk County, Florida
EMPLOYEE APPLICATION FOR LEAVE



DATE _____

NAME _____ EMP. NO. _____

POSITION HELD _____

NAME OF SCHOOL, AREA OR DEPARTMENT _____

In compliance with Florida Statutes 231.40 and the regulations of the School Board of Polk County, I hereby make an application for compensation due me on account of absence:

	DATE(S)	TOTAL HOURS	(Office Use Only) INPUT DATE/INITIAL	
<input type="checkbox"/> Sick Leave* <i>If being used concurrently with an approved FMLA, Medical or Parental Leave, please check here</i> <input type="checkbox"/>		No. Days: Hours:		
<input type="checkbox"/> Personal Leave of Absence – Chargeable to Sick		No. Days: Hours:		
<input type="checkbox"/> Vacation* <i>If being used concurrently with an approved FMLA, Medical or Parental Leave, please check here</i> <input type="checkbox"/>		No. Days: Hours:		
Intermittent FMLA <input type="checkbox"/> Paid Intermittent <input type="checkbox"/> Unpaid Intermittent (must have approved FMLA established with Risk Management)		No. Days: Hours:		
<input type="checkbox"/> Personal Leave Without Pay ** (May not exceed 3 days)		No. Days: Hours:		

** If above (Personal Leave Without Pay) is requested, give details of emergency necessitating the absence:

For questions regarding compensation, please refer to your Polk County Public Schools Employees Handbook.

* If application is for sick leave please underline the appropriate reason for which the absence was necessary:

I certify that the absence was necessary due to:

Personal Illness, Illness or Death of My Father, Mother, Brother, Sister, Spouse, Child, Other Close Relative, or Member of own household.

CERTIFIED CORRECT:

APPROVED:

Employee Signature

Date

Principal or Supervisor

Date