

Please submit completed form to:
humanresources@escoco.org

Request and Authorization for Leave

Please Print or Type

Employee Name _____ Title _____

School District or Work Location _____

Select One:

- Sick Leave^{1 and 2}
- Personal Leave^{1 and 2}
- Vacation^{1 and 2}
- Leave Without Pay²
- Jury Duty²

Date(s) absent: _____
Month / Day(s) / Year

Total days absent: _____

Reason for absence: _____

Notes:

- ¹ One-fourth days may be granted if approved by supervisor.
- ² To be approved in advance. Please refer to the Educational Service Center of Central Ohio *Staff Handbook*.

All absences from the regular schedule of duty must be accounted for by means of this form except for days approved for professional meetings (complete Professional Meeting Form, 3240/4240 F1).

This form must be completed and submitted to your Supervisor **prior to absence/leave**. In the case of an emergency, this form must be submitted to your supervisor immediately upon return to work. Leave provisions are defined in the Educational Service Center of Central Ohio Staff Handbook. Falsification of records is grounds for dismissal.

Employee Signature _____ Date _____

Noted by _____ Date _____
Supervisor

Approved:

_____ Date _____

Authorized ESC of Central Ohio, State Support Team or OCALI Administrator