

INITIAL REQUEST \_\_\_\_\_

REVISED/FOLLOW-UP OF ABSENCE \_\_\_\_\_

**SCHOOL DISTRICT OF WAUPACA**  
**REQUEST FOR LEAVE/TRAVEL/OR RETURN FROM ABSENCE**  
SUBMIT ONLY ONE COPY – A DUPLICATE WILL BE RETURNED TO YOU

NAME: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

POSITION: \_\_\_\_\_ SCHOOL/BUILDING: \_\_\_\_\_

DATE(S) OF LEAVE/TRAVEL: \_\_\_\_\_ # OF HOURS REQUESTED: \_\_\_\_\_

Please give a brief explanation of the purpose of the leave/travel.

\_\_\_\_\_  
\_\_\_\_\_

Please check the type of leave requested. See back for definitions.

MEDICAL (SICK) LEAVE \_\_\_\_\_; FAMILY LEAVE \_\_\_\_\_; VACATION LEAVE \_\_\_\_\_; JURY DUTY LEAVE \_\_\_\_\_;

EMERGENCY LEAVE \_\_\_\_\_; FUNERAL LEAVE \_\_\_\_\_; SALARY DEDUCTION \_\_\_\_\_; FIELD TRIP \_\_\_\_\_;

PERSONAL LEAVE \_\_\_\_\_; 2<sup>ND</sup> PERSONAL DAY \_\_\_\_\_ (TEACHERS ONLY - \$80/DAY DEDUCTION)

CONFERENCE/WORKSHOP LEAVE \_\_\_\_\_ (Please complete parts A. and B. below.)

IN DISTRICT MEETING \_\_\_\_\_ (IEP's, Curriculum, etc.)

**NOTE: Destination of conference must be stated for mileage to be approved.**

**In order for registrations to be prepaid a purchase order and completed registration form must accompany this request form at least 2 weeks prior to registration deadline.**

A. Estimate the cost of this conference/workshop.

B. Explain how your participation in this conference/workshop will benefit the school district.

Registration \_\_\_\_\_

Mileage \_\_\_\_\_

Meals \_\_\_\_\_

Lodging \_\_\_\_\_

Other \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Destination: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

This form will be considered final and requested time will be recorded in our time-off records. No "follow-up" form is required for pre-approved absences unless the amount of time has changed. (i.e.: if you requested 2 hours for a doctors appointment and it took 3 hours instead). **If you do not take the requested time, you must inform the district office in writing within 5 days of the leave date or the leave will remain charged to your time-off account.**

EMPLOYEE SIGNATURE: \_\_\_\_\_

PRINCIPAL ACKNOWLEDGEMENT _____ Date _____
IF REQUEST HAS EXPENSES LIST ACCOUNT NUMBER: _____
FOR CONFERENCES ONLY: PRINCIPAL REQUESTED: _____ YES _____ NO _____ BUDGET APPROVAL _____

**(For office use only – Do not write below this line)**

REQUEST APPROVED: \_\_\_\_\_ REQUEST DENIED: \_\_\_\_\_ for the following reason(s):

Inappropriate Type of Leave \_\_\_\_\_; Leave Would Exceed 5 Day Limit \_\_\_\_\_; Not Related to Instruction \_\_\_\_\_; Other \_\_\_\_\_

Date Received by District Office: \_\_\_\_\_

Signature of District Personnel: \_\_\_\_\_

DATE \_\_\_\_\_

DATE OF INPUT: \_\_\_\_\_ DATE RECORDED: \_\_\_\_\_ DATE REVOKED: \_\_\_\_\_

## **TYPES OF LEAVE – DEFINITIONS/EXPLANATIONS**

**MEDICAL LEAVE** - (Sick Leave) – Available for situations when the employee is unable to conduct his/her duties due to physical or mental illness or medical appointments. Employees may be required to furnish certification of fitness to return to work or evidence of the fact of illness after any illness, whether for any day or days or any portion thereof, when requested by the Board of Education or its designee, or to likewise furnish an affidavit as to the facts of any illness. (Master Contracts, Board Policy, Handbooks)

**FAMILY LEAVE** - Requests for Family Leave must be accompanied by a letter clarifying dates, reasons, and type of paid leave, if any, being substituted for unpaid leave. (State Statute 103.10) and Federal FMLA Act of 1993)

- (a) 1. In a 12-month period no employee may take more than 12 weeks of Family Leave under paragraph (b) 1 and 2.
2. In a 12-month period no employee may take more than 12 weeks of Family Leave for the reasons specified under paragraph (b) 3.
3. In a 12-month period no employee may take more than 12 weeks of Family Leave for any combination of reasons specified under paragraph (b).
- (b) An Employee may take Family Leave for any of the following reasons:
  1. The birth of the employee's natural child, if the leave begins within 16 weeks of the child's birth.
  2. The placement of a child with the employee for adoption or as a precondition to adoption under s.48.90(2), but not both, if the leave begins within 16 weeks of the child's placement.
  3. To care for the employee's child, spouse or parent, if the child, spouse or parent has a serious health condition.

**VACATION LEAVE** – For year-round support staff only.

**EMERGENCY LEAVE** – Available in situations such as family illness or injury; funerals; the birth of a child; court appearances for self, spouse, or child; medical specialist referrals; impassable roads; catastrophes involving the personal property of self or immediate family or spouse, children, parents, brothers, or sisters. (Contracts, Handbooks)

**FUNERAL LEAVE** – Available to attend the funeral of a person having direct impact on the employee or the funeral of a member of the employee's immediate family. (Contracts, Handbooks)

**JURY DUTY LEAVE** – Available when the employee is called to serve on a jury. (Board Policy)

**PERSONAL LEAVE** – 1 day per year – available to deal with matters of personal concern. Personal leave shall not be used to extend holidays or vacations. **MUST BE REQUESTED AT LEAST THREE (3) DAYS IN ADVANCE** (Contracts, Handbooks)

**2<sup>ND</sup> PERSONAL LEAVE** (TEACHERS ONLY)– 1 day per year – available to deal with matters of personal concern. Personal leave shall not be used to extend holidays or vacations. **Salary deduction @ \$80/day. Must be taken in full or half day increments. MUST BE REQUESTED AT LEAST THREE (3) DAYS IN ADVANCE** (Contracts, Handbooks)

**SALARY DEDUCTION** – Requests for salary deduction should be made in advance of the day(s) the employee desires to be gone. Amount of time allowed varies by contract.

**CONFERENCE/WORKSHOP LEAVE** – Conference attendance is limited to five (5) working days per year except in extenuating circumstances.

**FIELD TRIP** – This only needs to be filed if the field trip will result in a substitute being employed while the employee is supervising the field trip. Only the employee in charge of the field trip should check this. If you are acting as a chaperone – this is not the appropriate type of leave. This should also be checked for coaches leaving to coach their team.

**IN SCHOOL MEETING** – Use this type of leave for IEP meetings, curriculum meetings, etc.

## **MEAL AND LODGING LIMITATIONS**

**EXPENSE LIMITATIONS** – The following limitations have been determined for reimbursement of meals when applied to an open menu: Breakfast - \$5.00; Lunch - \$10.00; Dinner - \$15.00. Mileage will be paid at the I.R.S. allowable rate.

**TRAVEL AND LODGING LIMITATIONS** – All travel outside the district must have prior approval of the District Office. A minimum distance of 50 miles, except under extenuating circumstances and discussion with the District Administrator, will be required for lodging reimbursement.