



Hillsboro School District Form

Classified Leave Request

Name _____ (Print) Employee ID Number _____

Number of hours worked per day: _____ 12-Month Employee? Yes No

School/Location: _____ Position: _____

- Type of Leave:
- Vacation (12- month employees only) Bereavement (indicate relationship)
- Family Illness (indicate relationship) Leave Without Pay (must be preapproved by Human Resources)
- Emergency Personal Day (must be preapproved by Human Resources)
- Other (specify reason) _____

For Parental Leave Only:	Is your spouse a District employee who is also requesting leave for the same purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date/Time Requested (please be as specific as possible when estimating time needed)

Number of full days requested:		Number of partial days requested:				
Dates	Number of hours	Leave start time:		to	Leave end time:	
			:		to	
			:		to	
			:		to	

Reason for this request: (Include relationship for Family Illness or Bereavement)

Signature of Employee _____
Date

Signature of Principal/Supervisor _____
Date

Human Resources: Approve Disapprove

Comments: _____

Human Resources _____
Date

- Human Resources Location Payroll Employee