



# LEBANON R-3 EMPLOYEE LEAVE FORM

(See Board Policy Manual – GCBDA, GDBDA and GBCBC)

COMPLETE TOP SECTION, CHECK APPROPRIATE BOX, AND FILL OUT RELATED SECTION (EITHER A OR B) BELOW:

Name \_\_\_\_\_ Date \_\_\_\_\_

Job Duties \_\_\_\_\_ Building \_\_\_\_\_

Length of Absence \_\_\_\_\_ / \_\_\_\_\_  
 (days) (hours) Date of Absence \_\_\_\_\_

Reason for completing a leave form instead of on Frontline:

- Didn't get absence entered by designated time.
- Exhausted paid leave available** – As a reminder; per policy GBCBC. Employees may be disciplined or terminated for excessive absences. Excessive absences may include:
  - The absence is for a reason not granted as paid or protected leave under Board policy or law.
  - The absence results in the employee exceeding the amount of leave granted by the Board
  - The employee has not otherwise exhausted applicable leave days, but the absence exceeds 5 days a month, 20 days in a semester or 40 days a school year or is otherwise disruptive to district operations, as determined by the district.
  - The employee fails to appropriately notify the district of an absence as soon as possible after the employee knows he or she will be absent. (commonly called No-Call, No-Show)
  - The employee does not provide the district complete and accurate information about the absence, does not respond to request for information, or does not provide documentation related to the absence or requested or required.
  - The employee does not first obtain permission to be absent from the appropriate supervisor when required to do so.
  - The absence is for any reason other than the one given for the absence.
- Administrators/Directors Request**

**(A) SICK LEAVE**

**Reason for Absence: (please check one)**

- Illness, Injury, Incapacity of employee
- Illness, Injury, Incapacity of immediate family member
- Illness, Injury, Incapacity of other relative  
(with permission granted by Asst. Supt. for HR)
- Birth and First Year Childcare
- Bereavement Immediate Family – up to 5 days sick leave  
(spouse, child, parent)
- Bereavement Extended Family – up to 3 days sick leave  
(grandparent, grandchild, sibling, other dependent)
- FMLA pre-approved leave

**(B) OTHER QUALIFIED LEAVE**

**Reason for Absence: (please check one)**

- Military Leave – 15 days paid per year
- Jury Duty or Court Subpoena
- Other: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Administrator/Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYROLL USE ONLY:**  
 [ ] Frontline Conf # \_\_\_\_\_  
 [ ] Enter SisFin

Days Available: \_\_\_\_\_  
 Days Used: \_\_\_\_\_  
 Days Remaining: \_\_\_\_\_