

**KILLEEN INDEPENDENT SCHOOL DISTRICT**  
**Employee Absence Request Form**

EACH EMPLOYEE MUST SUBMIT AN ABSENCE REQUEST FORM IMMEDIATELY AFTER RETURNING TO DUTY, EXCEPTION: FOR A PERSONAL LEAVE REQUEST, THE ABSENCE REQUEST FORM MUST BE APPROVED BY THE SUPERVISOR PRIOR TO THE DAY(S) REQUESTED.

**Absence Information**

Employee Name: \_\_\_\_\_ Campus: \_\_\_\_\_ CTE \_\_\_\_\_ Date: \_\_\_\_\_

Type of Absence:

<input type="checkbox"/> Sick <sup>1</sup>	<input type="checkbox"/> Sick Family <sup>2</sup>	<input type="checkbox"/> Personal Discretionary <sup>3</sup>	<input type="checkbox"/> Bereavement <sup>4</sup>
<input type="checkbox"/> Jury Duty <sup>5</sup>	<input type="checkbox"/> Auxiliary Comp <sup>6</sup>	<input type="checkbox"/> Vacation/Non-Duty <sup>7</sup>	<input type="checkbox"/> Professional <sup>8</sup>

Date of Absence(s): \_\_\_\_\_ Days Total: \_\_\_\_\_

☐ Full Day (8 Hours) ☐ Half Day (4 Hours)

You must submit requests for absences, other than sick leave, 48 hours prior to the first day you will be absent using the Employee Absence Request form. KISD is not responsible for ensuring you have sufficient days available to cover requested days off. Excessive absences will result in disciplinary action.

1-Sick: Personal illness or medical appointment.

2-Sick Family: Personal illness or medical appointment in immediate family.

3-Personal Discretionary: The supervisor may disapprove a request for personal leave if the employee's presence is necessary for that period of time. Maximum number of days used per work year: five days. Taking disapproved days will result in administrative actions up to and including termination.

4-Bereavement: Death in immediate family only. Shall not exceed seven workdays per occurrence.

5-Jury Duty: Verification required.

6-Auxiliary Comp: Nonexempt employees are not authorized to work beyond their normal work schedule without advance approval from their supervisor.

7-Vacation/Non-Duty: Must be used in the year that they are earned.

8-Professional: Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

Received by secretary: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Supervisor Approval**

☐ Approved ☐ Denied

# Leave Of Absence Request Form For Employees South Dakota

**Siddappa N.Byrareddy**



**Leave Of Absence Request Form For Employees South Dakota:**

## Unveiling the Magic of Words: A Overview of "**Leave Of Absence Request Form For Employees South Dakota**"

In some sort of defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their power to kindle emotions, provoke contemplation, and ignite transformative change is truly awe-inspiring. Enter the realm of "**Leave Of Absence Request Form For Employees South Dakota**," a mesmerizing literary masterpiece penned by way of a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve in to the book is central themes, examine its distinctive writing style, and assess its profound effect on the souls of its readers.

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