

**GULFPORT SCHOOL DISTRICT**
  
**Personnel Department**  
**2001 Pass Road**  
**Gulfport, MS 39501**

**LEAVE REQUEST FORM INSTRUCTIONS:** Please complete this form and send it to the **PERSONNEL DEPARTMENT**. Explanations of “Type of Leave” are on page 2 of this form. Please retain one copy for your files.

**Date:** \_\_\_\_\_ **School or Department:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_ **Employee I.D. #:** \_\_\_\_\_

Check One:  Administrative Personnel  Instructional Personnel  Classified Personnel  
 (Double Click the desired check box above, click Checked under Default Value, and click OK.)

First Date Off Job	Last Date Off Job	Total Time Off Job (Days, Mos., Year)

Type of Leave: Check One. See explanation of Leave on reverse page 2.  
 (Double Click the desired check box above, click Checked under Default Value, and click OK.)

- |   |  |
|---|--|
| <input type="checkbox"/> Vacation                   | <input type="checkbox"/> Military                  |
| <input type="checkbox"/> Sick                       | <input type="checkbox"/> *Temporary Duty           |
| <input type="checkbox"/> Personal Leave with Pay    | <input type="checkbox"/> *Professional             |
| <input type="checkbox"/> Personal Leave without Pay | <input type="checkbox"/> *Pre-School Professional  |
| <input type="checkbox"/> *Jury/Legal Duty           | <input type="checkbox"/> *Post-School Professional |
| <input type="checkbox"/> Maternity/Paternity        | <input type="checkbox"/> *Emergency Leave          |
| <input type="checkbox"/> Workers' Compensation      |  |

**\* Additional explanation is needed.**

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**\*\*LEAVE REQUESTED**  With Pay  Without Pay

Signature of Employee = \_\_\_\_\_

Supervisor's Signature of Approval = \_\_\_\_\_

Assistant Superintendent for Personnel = \_\_\_\_\_

Approved by Personnel Department  With Pay  Without Pay

**\*\*ANY LEAVE REQUESTED OR APPROVED IS CONTINGENT UPON THE AVAILABILITY OF TYPE OF LEAVE BEING REQUESTED.**

Employee shall receive a copy of this form after processing.

## TYPES OF LEAVE

1. **VACATION LEAVE** - Pertains only to non-instructional, administrative, and twelve month instructional personnel.
2. **SICK LEAVE** - For personal illness or disability of the employee or employee's immediate family which is defined as spouse, parent, step-parent, sibling, child, stepchild, foster parent, foster child, grandchild, grandparent, son-in-law, daughter-in-law, mother-law, father-in-law, brother-in-law, or sister-in-law as approved by the immediate supervisor. See Personnel Policy Manual for additional information.
3. **PERSONAL LEAVE WITH PAY** - Includes religious holidays.
4. **PERSONAL LEAVE WITHOUT PAY** - Administrative, Instructional and Classified personnel may be granted personal leave without pay by the Board of Trustees. This leave will protect the contractual status of the person involved but will be without pay.
5. **JURY/LEGAL DUTY** - Any employee may receive full pay while on jury/legal duty; the employee may keep travel pay received from the Court. If subpoena is issued, copy should be attached. Explain purpose of subpoena in area designated for explanation.
6. **MATERNITY/PATERNITY** - See Personnel Policy Manual for instructions.
7. **MILITARY** - Such leaves will be granted to employees who are required to serve in the Armed Forces. A copy of the official orders **must** be attached. (Policy GBRI/Certified or GCRI/Classified)
8. **TEMPORARY DUTY** - Must be approved in advance. A detailed itinerary is required.
9. **PROFESSIONAL** - Location of the workshop/conference must be under "Additional explanation is needed".
10. **PRE-SCHOOL PROFESSIONAL**
11. **POST-SCHOOL PROFESSIONAL**
12. **EMERGENCY LEAVE** - Special and unusual circumstances occurring unexpectedly for the employee which necessitates the absence of the employee from his/her normal duties. (See Personnel Policies for additional details.)
13. **WORKERS' COMPENSATION** - Job related injury. A copy of the injury report must be attached.

