



The School Board of Polk County, Florida
EMPLOYEE APPLICATION FOR LEAVE

DATE _____

NAME _____ EMP. NO. _____

POSITION HELD _____

NAME OF SCHOOL, AREA OR DEPARTMENT _____

In compliance with §1012.61, *Florida Statutes*, and the Policies of the School Board of Polk County, I hereby make an application for compensation due me on account of absence:

	DATE(S)	TOTAL HOURS	(Office Use Only) INPUT DATE/INITIAL	
<input type="checkbox"/> Sick Leave* <i>If being used concurrently with an approved FMLA, Medical or Parental Leave, please check here</i> <input type="checkbox"/>		No. Days: Hours:		
<input type="checkbox"/> Personal Leave of Absence – Chargeable to Sick Leave		No. Days: Hours:		
<input type="checkbox"/> Vacation* <i>If used concurrently with an approved FMLA, Medical or Parental Leave, check here</i> <input type="checkbox"/>		No. Days: Hours:		
Intermittent FMLA Leave <input type="checkbox"/> Paid Intermittent <input type="checkbox"/> Unpaid Intermittent <i>Must have an approved FMLA established with Risk Management.</i>		No. Days: Hours:		
<input type="checkbox"/> Bereavement Leave* Up to 2 days per death. <i>Attach documentation.</i>		No. Days: Hours:		
<input type="checkbox"/> Personal Leave Without Pay ** May not exceed 3 days		No. Days: Hours:		

** If claiming Personal Leave Without Pay, provide details of emergency necessitating the absence:

For questions regarding compensation, please refer to your Polk County Public Schools Employee Handbook.

* If application is for Sick Leave or Bereavement Leave please indicate the reason the absence was necessary:

I certify that the absence was necessary due to: Personal Illness
 or Illness or Death of My Father, Mother, Brother, Sister, Spouse, Child, Other Close Relative, or
 Member of own household. Specify Relationship: _____

CERTIFIED CORRECT:

APPROVED:

 Employee Signature Date

 Principal or Supervisor Date