

### FRANKLIN COUNTY SCHOOL BOARD LEAVE FORM

NAME \_\_\_\_\_ EMPLOYEE ID NUMBER \_\_\_\_\_

_____ INSTRUCTIONAL	_____ Sick Leave	_____ Jury Duty
_____ NON-INSTRUCTIONAL	_____ Vacation Leave	_____ Military Leave
	_____ Personal Leave	_____ Unpaid Leave
	(up to 6 days deducted from sick leave)	_____ Temporary Duty
	_____ Workers Compensation	_____ Illness in Line of Duty

\_\_\_\_\_ Donated Sick Leave Hours To \_\_\_\_\_ ID Number \_\_\_\_\_

FCSB Policy # 6.914 -- Any District employee may authorize the use of his/her accrued sick leave as follows:

\*As provided by any existing Sick Leave Bank provision.

\*Up to the number of sick leave days an employee has available minus ten (10) days for use by his/her spouse, child, parent, or sibling who is also a District employee.

\*Sick Leave donated as provided in I.B. cannot be used until all of the individual's sick leave has been depleted, excluding sick leave from any existing Sick Leave Bank, if the recipient participates in a Sick Leave Bank.

\*Donated sick leave shall have no terminal pay value.

Date(s) of Absences

\_\_\_\_\_  
\_\_\_\_\_

Total Hours Used \_\_\_\_\_

If Injury, Date \_\_\_\_\_ Notes \_\_\_\_\_

If Temporary Duty, State Purpose for Leave and Destination \_\_\_\_\_

Substitute Information

Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Date \_\_\_\_\_ Hours \_\_\_\_\_      Date \_\_\_\_\_ Hours \_\_\_\_\_      Date \_\_\_\_\_ Hours \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_