**Transportation Department Request for Time off / Leave Form**

\*All shaded areas must be completed, submitted and approved 2 weeks prior to the requested leave date.

\* Bus Drivers must submit form to **Lane** for approval. Aides must submit form to **Penny** for approval.

\* It is **your responsibility** to check back prior to the requested date to make sure it has been approved.

\* Your bus route must be up-to-date and **in your bus** for the substitute **BEFORE** you leave.

**Date submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approver’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print employee name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­**

**Bus# \_\_\_\_\_\_\_\_\_\_ Yard \_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Requested off\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please turn in **2** request forms **if** dates run into more than one week or if they run into two different months)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Date of Absence** | **AM route****leave time** | **Noon route****leave time**(If applicable) | **Articulate****leave time**(if applicable) | **PM route****leave time** | **Other schedule**(if applicable) |
|  **-M** |  |  |  |  |  |
|  **-T** |  |  |  |  |  |
|  **-W** |  |  |  |  |  |
|  **-TH** |  |  |  |  |  |
|  **-F** |  |  |  |  |  |

Please check the appropriate box with the reason for your request.

*\*****Non****-Benefited employees* ***only*** *use* ***:***

□ Unpaid Absence (NP)

*\*Benefited* ***(FULL TIME)*** *employees* ***only*** *use:*

 □ Unpaid Absence (NP)

 □ Comp Time (CT)

 □ Personal Medical (S ) - If absent more than **4 days** **must contact Amanda** 673-3553 x5116 at DO.

 □ Bereavement (B) - Relationship to employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 □ Personal Leave Cost (PLC) – Eligibility required

 □ Personal Leave No Cost (PLN) – Eligibility required

 □ Jury Duty (JD) – Must turn in check

 □ Dependent Leave (D) – Must fill in Qualified Dependent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_

Received by/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Added to Absentee List by/Date \_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_