



**Non-Campus Staff  
2021-2022 Planned Leave Request**  
Leave request must be submitted 1 week prior to absence

Name: \_\_\_\_\_ E#: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date(s) of Leave\*: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day \_\_\_\_\_

**# of Days    Type of Leave**

- \_\_\_\_\_ Jury Duty (must attach copy of summons)
- \_\_\_\_\_ Military Leave (attach copy of orders AND send copy to HR Leave Office to update AESOP)
- \_\_\_\_\_ Bereavement Leave Local \_\_\_\_ / State \_\_\_\_ select one (must provide funeral notice upon return and note in AESOP)
- \_\_\_\_\_ Local Sick Leave (for employee or family member illness)
- \_\_\_\_\_ State Sick Leave (for an employee or family member illness)
- \_\_\_\_\_ Non-Contract/Vacation

Supervisor Recommendation: Approved \_\_\_\_\_ / Denied \_\_\_\_\_

Date(s) of Leave\*: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day \_\_\_\_\_

**# of Days    Type of Leave**

- \_\_\_\_\_ State Personal Leave\* (AESOP must indicate approval was received in AESOP notes)

**\* Per Policy DEC (LOCAL) discretionary use of State personal leave shall not exceed three (3) consecutive workdays. You will be docked if you take more than three consecutive workdays.**

Supervisor Recommendation: Approved circle one:    1 day    2 days    3 days    /    Denied \_\_\_\_\_

My signature confirms that I have available leave to request time off.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is only valid for the 2021-2022 school year.