Killeen Independent School District

LEAVE REQUEST

Important: Please refer to the Personnel Handbook and Policy On-Line for the district's leave policy. All leave taken will be applied to your Family Medical Leave entitlement.

Name: _____
First MI Last

Address: _____
Number Street City State Zip Code

Employee ID # _____ Phone: _____

Campus/Dept: _____ Position: _____

Leave Request: From: _____ **To:** _____

Please check one of the reasons listed below. **Supervisor's signature is required before submitting request**.

☐ Personal Illness ☐ Family Illness ☐ Parenting Leave ☐ Bereavement ☐ Assault Leave

☐ Military (training or activation) ☐ Military (R&R) ☐ Military (Family leave) ☐ Wrk Comp

___Yes, I am interested in establishing a sick leave pool if I qualify. (If approved you and your supervisor will be notified) DEC (LOCAL)

___No, I am not interested in establishing a sick leave pool.

_____ _____
Employee Signature Supervisor Signature

FMLA provides up to 60 work days for eligible employees.

For Personnel use only:

Date of Employment: _____

_____ **Accumulated Sick Leave**	**No. of Days:** _____	**Begin:** _____	**End:** _____
_____ Accumulated Sick Leave (Extended)	No. of Days: _____	Begin: _____	End: _____
_____ **Comp. Time/Vacation/Personal**	**No. of Days:** _____	**Begin:** _____	**End:** _____
_____ **Leave without Pay**	**No. of Days:** _____	**Begin:** _____	**End:** _____
_____ Leave without Pay (Extended)	No. of Days: _____	Begin: _____	End: _____
_____ **Military (TRNG OR ACTIVATION)**	**No. of Days:** _____	**Begin:** _____	**End:** _____
_____ **Military (R&R)**	**No. of Days:** _____	**Begin:** _____	**End:** _____
_____ **Military (Family Leave)**	**No. of Days:** _____	**Begin:** _____	**End:** _____
_____ **FMLA**	**No. of Days:** _____	**Begin:** _____	**ENDS:** _____

Comments: _____

_____

_____ _____
Director for Employee Relations Date

Revised 07/17/2017