FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

CHANGE OF STATUS

Employee: Employee f #: Date:

Principal/Supervisor: School/Dept.:

Employee Status: ☐ Certified ☐ Classified ☐ Exempt ☐ Other

LEAVE REQUEST

☐ Administrative Leave – Payroll Code: 361

Acct. No.:

☐ Professional Leave

☐ Certified Staff – Personal Leave in Excess of 6 Days

☐ Short Term Leave Without Pay (LWOP)
Less than 30 Days

☐ Military Leave (attach orders)

☐ Childcare Leave

☐ Disability Leave of Absence

☐ Long Term Leave Without Pay/Leave of Absence
30 Days or more

EXCEPTIONAL APPROVAL REQUEST

** Requires approval by the Superintendent**

Personal Leave:

☐ Requested on a Professional Development Day
☐ Requested on a Parent Teacher Conference Day
☐ Requested on an Inservice Day

LEAVE INFORMATION:

Date(s): Times (beginning/end): Total Hours:

Substitute Required: ☐ No ☐ Yes, for the following date(s)/times:

CURRENT LEAVE BALANCES:

(Leave Balances can be found online at Employee Self Service. Link: https://employee.k12northstar.org/mss/)

Personal/Annual Leave: Sick Leave:

JUSTIFICATION

Reason(s) for leave:

Submit this completed form and related documentation to labor.relations@k12northstar.org.
Employees are still required to input all leave into TCP and/or AESOP.

Signature of Employee _____ Date _____

Signature of Principal/Supervisor _____ Date _____ Recommend: ☐ Yes ☐ No

Signature – Human Resources _____ Date _____ Approve: ☐ Yes ☐ No

Revised: 8/2019