

CHANGE OF STATUS

Employee: _____ Employee f #: _____ Date: _____

Principal/Supervisor: _____ School/Dept.: _____

Employee Status: Certified Classified Non-Represented Other

LEAVE REQUEST

- Administrative Leave – Payroll Code: 361 Military Leave (attach orders)
- Acct. No.: _____ Childcare Leave
- Personal/Professional (*Do not send to Labor Relations*) Long Term Leave Without Pay/Leave of Absence
- Personal Leave in Excess of 6 Days 30 Days or more
- Short Term Leave Without Pay (LWOP)
- Less than 30 Days

EXCEPTIONAL APPROVAL REQUEST

**** Requires Approval by the Superintendent or Designee.****

- Personal Leave:
- Requested on a Professional Development Day
 - Requested on a Parent Teacher Conference Day
 - Requested on an Inservice Day
 - Does Not Apply

LEAVE INFORMATION:

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

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

CURRENT LEAVE BALANCES (Required for LWOP Requests Only):

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

Personal/Annual Leave Hours Available: _____ Sick Leave Hours Available: _____

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 _____ Recommend: Yes No
Date

Signature – Superintendent or Designee _____ Approve: Yes No