



**THE SCHOOL BOARD
OF MIAMI-DADE COUNTY, FLORIDA**

APPLICATION FOR LEAVE

EMPLOYEE NUMBER					WORK LOCATION				PAY CODE

**PAY PERIOD
BEGINNING DATE**

MONTH	DAY	YEAR

DAY

1/2	1	
<input type="checkbox"/>	<input type="checkbox"/>	FRI
<input type="checkbox"/>	<input type="checkbox"/>	SAT
<input type="checkbox"/>	<input type="checkbox"/>	SUN
<input type="checkbox"/>	<input type="checkbox"/>	MON
<input type="checkbox"/>	<input type="checkbox"/>	TUE
<input type="checkbox"/>	<input type="checkbox"/>	WED
<input type="checkbox"/>	<input type="checkbox"/>	THU
<input type="checkbox"/>	<input type="checkbox"/>	FRI
<input type="checkbox"/>	<input type="checkbox"/>	SAT
<input type="checkbox"/>	<input type="checkbox"/>	SUN
<input type="checkbox"/>	<input type="checkbox"/>	MON
<input type="checkbox"/>	<input type="checkbox"/>	TUE
<input type="checkbox"/>	<input type="checkbox"/>	WED
<input type="checkbox"/>	<input type="checkbox"/>	THU

CHECK (✓) ONLY ONE TYPE OF LEAVE PER FORM

TYPE OF LEAVE

<input type="checkbox"/>	Illness of Self
<input type="checkbox"/>	Illness/Death of Relative
<input type="checkbox"/>	Personal
<input type="checkbox"/>	Injury at Work (Explain)
<input type="checkbox"/>	Contagious Disease <small>(CONTRACTED AT WORK)</small>
<input type="checkbox"/>	Vacation
<input type="checkbox"/>	Temporary Duty (Explain)
<input type="checkbox"/>	LWOP, Auth (Explain)
<input type="checkbox"/>	LWOP, Unauth (Explain)
<input type="checkbox"/>	Elected Official
<input type="checkbox"/>	Other (Explain)

COMMENTS:

I certify the above is correct and in accordance with the School Board of Miami-Dade County, Florida, policies and regulations.

EMPLOYEE NAME _____

(EMPLOYEE SIGNATURE)

(PRINCIPAL/SUPERVISOR SIGNATURE)



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