



THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
APPLICATION FOR SHORT TERM LEAVE

PERSON ID or PERS ASSIG

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COST CENTER

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SAP PERIOD #

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PAY PERIOD BEGIN DATE

MONTH	DAY	YEAR

Week 1 AM PM

FRI		
SAT		
SUN		
MON		
TUE		
WED		
THURS		

Week 2 AM PM

FRI		
SAT		
SUN		
MON		
TUE		
WED		
THURS		

CHECK (v) ONLY ONE (1) TYPE OF LEAVE PER FORM:

TYPE OF LEAVE	Reg. Year	Summer 10-MO ONLY	P/T Hrly	Bus Drvrs. & Bus Aides ONLY
Illness of Self	0200	0230		0203*
Illness/Death of Relative	0201	0231		0204*
Personal	0282	0232		0206*
Injury at Work (Explain)	0285	0285	0207	0207*
Contagious Disease (Contracted at Work)	0286	0286	0208	0208*
Vacation	0283			
Temporary Duty (Explain)	0287	0287		0209*
LWOP, Auth (Explain)	0400	0400		0403*
LWOP, Unauth (Explain)	0401	0401		0404*
OTHER:				0219*
COMPENSATORY TIME	0284	0284		0500**
JURY DUTY/SUBPOENAED	0288	0288	0210	0210**
OPT DAY	0289			
ELECTED OFFICIAL	0294	0294		0215**
MILITARY TRAINING	0296	0296		0217**
UNION REPRESENTATIVE	0290	0290		0211**
UNION OFFICIAL BUSINESS	0291	0291		0212**
UNION POOL DAY	0292	0292		0213**

*These codes will interface from "legacy" to SAP, and can also be used on the "Report Miscellaneous Payroll Transactions" input screen.

**These codes will not interface from "legacy" to SAP, and can only be used on the "Report Miscellaneous Payroll Transactions" input screen.

COMMENTS: _____

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

EMPLOYEE NAME: _____

EMPLOYEE SIGNATURE: _____

PRINCIPAL/ADMINISTRATOR SIGNATURE

FM-5949(06-12)



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