

**Please submit completed form to:**  
**melissa.radde@escco.org**

## Request and Authorization for Leave

*Please Print or Type*

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

School District or Work Location \_\_\_\_\_

**Select One:**

- Sick Leave<sup>1 and 2</sup>
- Personal Leave<sup>1 and 2</sup>
- Vacation<sup>1 and 2</sup>
- Leave Without Pay<sup>2</sup>
- Jury Duty<sup>2</sup>

**Date(s) absent:** \_\_\_\_\_  
Month / Day(s) / Year

**Total days absent:** \_\_\_\_\_

**Reason for absence:** \_\_\_\_\_  
\_\_\_\_\_

**Notes:**

- <sup>1</sup> One-fourth days may be granted if approved by supervisor.
- <sup>2</sup> To be approved in advance. Please refer to the Educational Service Center of Central Ohio *Staff Handbook*.

All absences from the regular schedule of duty must be accounted for by means of this form except for days approved for professional meetings (complete Professional Meeting Form, 3240/4240 F1).

This form must be completed and submitted to your Supervisor **prior to absence/leave**. In the case of an emergency, this form must be submitted to your supervisor immediately upon return to work. Leave provisions are defined in the Educational Service Center of Central Ohio Staff Handbook. Falsification of records is grounds for dismissal.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Noted by** \_\_\_\_\_ **Date** \_\_\_\_\_  
Immediate Supervisor

**Approved:**

\_\_\_\_\_ **Date** \_\_\_\_\_  
Authorized ESC COG HR Representative