

LKSD LEAVE REQUEST FORM
Personnel & Student Services Department
P.O. Box 305 * Bethel, Alaska 99559
(907) 543-4886p (907) 543-4900f

EMPLOYEE NAME: _____	CONTACT #: _____
POSITION: _____	SITE/DEPT: _____

The following leaves require prior approval from the District Office.
Refer to LKSD Leave Request Procedures.

Check the below under Certified or Classified for type of leave:

CERTIFIED LEAVE

- Administrative Leave
- Emergency Leave (Provide Documentation)
- Maternity Leave / FMLA*
- Military Leave
- Non-Compensated Leave: Short Term (LWOP)

CLASSIFIED LEAVE

- Administrative Leave
- Emergency Leave (Provide Documentation)
- Maternity Leave / FMLA*
- Military Leave
- Leave of Absence (LWOP over 10 days) .

LONG TERM LEAVE for CERTIFIED & CLASSIFIED

- Sick Leave (5+ days) – Requires the following form to be submitted:
✓ Long Term Sick Leave Form for Employee (form # PSS-Leave-02) OR Family Member (form # PSS-Leave-03)

- *Sick Leave / FMLA (more than 10 days) – Requires the following forms to be submitted:
✓ Request for FMLA Form (Must be requested 30 days in advance, except emergencies (form # PSS-Leave-04))
✓ Long Term Sick Leave Form for Employee (form # PSS-Leave-02) OR Family Member (form # PSS-Leave-03)

of Days: Beginning Date: End Date:

Purpose of Leave

Employee Signature Date

Submit leave request to the Personnel Department after approval by the Supervisor.

Supervisor / Site Administrator: APPROVED
 DENIED – REASON: _____

Supervisor / Site Administrator Signature Date

Superintendent or Designee: APPROVED
 DENIED – REASON: _____

Superintendent or Designee Signature Date