ASSOCIATION OF SECRETARIES & CLERKS
ADMIN LEAVE/FLOATING DAYS/VACATION REQUEST FORM

NAME_____SCHOOL/DEPT_____

Please complete and submit this form as far in advance as possible for day(s) requested. All requests must be signed by the building principal and/or supervisor and by the Superintendent or designee (to ensure compliance with the contract). As per the secretaries & clerks contract, leave will be granted to staff members in accordance with the following schedule:

REASON	#OF DAYS	DATE(s) REQUESTED
Bereavement of Immediate Family (Immediate family: parents, spouse, parents of spouse, children, brothers, sisters, grandchildren and any other relative residing in the employee's household)	5	
Funeral of friend, niece, nephew, in-law, cousin, aunt, uncle, grandparent, and in the event of the funeral of a retired secretary, one representative may attend.	1	
Critical Illness of Immediate Family (Immediate family: same as above)	5	
Serious Illness of parents, parents of spouse, children, brother or sister. *(*These days are charged to your sick leave; also refer to the provisions of the Family Medical Leave Act)*	*no limit	
Floating ½ day in lieu of ½ day before Labor Day Holiday *(for full-year and school-year employees)*	1/2	
Jury Duty	no loss of pay	
Court Summons: witness by subpoena	no loss of pay	
Administrative Leave of up to three (3) days may be granted for reasons other than as provided above. ***Clearly state reason below:***	3	
Personal Business Leave Give (24) hours notice unless an emergency. The personal day shall not be used just prior to and/or immediately after a holiday or vacation period, except in the case of emergency or if such requested day falls during a no-school period and no substitute coverage is necessary.	2	
Vacation	accrued days	

APPROVAL:

_____

Building Principal/Supervisor Date

_____

Superintendent/Designee Date *Revised 7/1/06*