

NORTH KITSAP SCHOOL DISTRICT

Absence Report of Application for Leave North Kitsap Transportation Employees

Driver Name _____ Date _____

Route No. _____ Bus No. _____

Leave Requested _____ To _____ = _____ Day(s) of Leave
Starting Date Ending Date

I need to be covered for the following runs on the following days:

(Do not use checkmarks, list the amount of time you will be gone-layovers should be included)

Monday	Tuesday	Wednesday	Thursday	Friday
_____ AM Secondary	_____ AM Secondary	_____ AM Secondary	_____ AM Secondary	_____ AM Secondary
_____ AM Elementary	_____ AM Elementary	_____ AM Elementary	_____ AM Elementary	_____ AM Elementary
_____ Early Release	_____ Early Release	_____ Early Release	_____ Early Release	_____ Early Release
_____ Mid-day	_____ Mid-day	_____ Mid-day	_____ Mid-day	_____ Mid-day
_____ Other	_____ Other	_____ Other	_____ Other	_____ Other
_____ PM Secondary	_____ PM Secondary	_____ PM Secondary	_____ PM Secondary	_____ PM Secondary
_____ PM Elementary	_____ PM Elementary	_____ PM Elementary	_____ PM Elementary	_____ PM Elementary
_____ Shuttle	_____ Shuttle	_____ Shuttle	_____ Shuttle	_____ Shuttle
_____ Total Hours	_____ Total Hours	_____ Total Hours	_____ Total Hours	_____ Total Hours

(Use this area when your request is for all day)

All Day Request _____ **Number of Days** _____
Total Daily Hours Total Days

TYPE OF LEAVE REQUESTED

- | | |
|---|--|
| _____ Sick Leave | _____ Leave of absence: LWOP**** |
| _____ Disability/Maternity Leave**** | _____ Military Leave**** |
| _____ Birth/Adoption** | _____ Family Leave**** |
| _____ Family Illness*** | _____ Association/District Related**** |
| _____ Bereavement*** | _____ Emergency Leave**** |
| _____ Jury Duty & Subpoena*** | _____ Use of Compensation Time*** |
| _____ Vacation** (drivers not eligible) | _____ Personal** |

- Codes:**
- (*) Requires Explanation**
 - (**) No Explanation required, approval of supervisor or superintendent/designee required**
 - (***) Requires explanation & supervisor's approval**
 - (****) Requires explanation, approval of supervisor or superintendent/designee required**

Explanation:

Signed _____
Employee Signature

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	Date: _____
		<small>Supervisor</small>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	Date: _____
		<small>Supervisor/Superintendent's Designee</small>	