

Mountain Brook City Schools Leave Request & Substitute Form

Employee Name:	School or Department:
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Date of Absence(s): *record each day and indicate amount of leave requested.*

Monday	Tuesday	Wednesday	Thursday	Friday
/ /	/ /	/ /	/ /	/ /
<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day

Select Leave Type:

<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Personal Leave <i>*Approval required</i>
<input type="checkbox"/> Personal Illness	<input type="checkbox"/> Family Illness
<input type="checkbox"/> Bodily Injury	<input type="checkbox"/> Death in Family
	<input type="checkbox"/> Vacation Leave <i>*Approval required</i>
	<input type="checkbox"/> Unpaid Leave <i>*Approval required</i>

Other Reason: _____

Prof Development Reason: _____

** All leave types, except Sick Leave, require an Approval Signature.
Other Leave & Professional Leave require a reason/explanation.*

Employee Signature: _____ Date: _____

* Approval Signature: _____ Date: _____

Substitute Information

Substitute Printed Name	Substitute Signature	✓	Date Worked
		<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	
		<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	
		<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	
		<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	
		<input type="checkbox"/> 1/2 Day <input type="checkbox"/> Full Day	

Funding Source & Approval / BOE Funded

<input type="checkbox"/> Barlow	<input type="checkbox"/> Austin	<input type="checkbox"/> Prewitt	<input type="checkbox"/> Hood
<input type="checkbox"/> Beckham	<input type="checkbox"/> Cole	<input type="checkbox"/> Neura	
<input type="checkbox"/> Brooks	<input type="checkbox"/> SpecEd	<input type="checkbox"/> Brandt	

Admin Approval: _____

Payroll Procedures	Kelly Services Substitutes
<input type="checkbox"/> AOD -post employee leave <input type="checkbox"/> AOD <u>-do not</u> -post substitute	<input type="checkbox"/> Office <input type="checkbox"/> Bill to School <input type="checkbox"/> PreSchool <input type="checkbox"/> Gr 1-6 <input type="checkbox"/> Gr 1-6 Special Ed <input type="checkbox"/> Bill to HS - P5 <input type="checkbox"/> Kindergarten <input type="checkbox"/> Gr 7-12 <input type="checkbox"/> Gr 7-12 Special Ed <div style="text-align: right;"><input type="checkbox"/> Scan Kelly Services to A/P</div>