WAKE COUNTY PUBLIC SCHOOL SYSTEM

LEAVE REQUEST

_____   _____   _____
Name   Position/Grade/Subject   Calendar/Track

_____   _____   _____
Employee Number   School, Department or Job Site   Preferred E-mail

Note: This is not an exhaustive list of all available options for leave. More detail is provided in the Employee Handbook.

I HEREBY REQUEST LEAVE AS FOLLOWS: **# of Days Requested**

☐ **ANNUAL (VACATION) LEAVE**   _____   Date(s) Requested: _____

☐ **SICK LEAVE**   _____   Date(s) Requested: _____
Doctor's note may be requested, per policy.

☐ **VOLUNTARY SHARED LEAVE**   _____   Date(s) Requested: _____
Doctor's note required.

☐ **BONUS VACATION LEAVE**   _____   Date(s) Requested: _____
_____ 2017 Legislated Non-Expiring
_____ Non-Expiring (Special)

☐ **EXTENDED SICK LEAVE (Deduction)**   _____   Date(s) Requested: _____
Doctor's note required.

☐ **PERSONAL LEAVE (Deduction)**   _____   Date(s) Requested: _____
As of Nov. 18, 2021, a substitute teacher deduction will not apply when a reason   Reason(s) Requested: _____
is listed requesting personal leave. No reason is needed when personal leave on a
teacher workday. As of Jan 2022, a $115/day substitute teacher deduction if no
reason is listed on this form.

☐ **COMPENSATORY LEAVE**   _____   Date(s) Requested: _____
Attach copy of most recent timesheet.

☐ **NON-PAID LEAVE**   _____   Date(s) Requested: _____

☐ **EDUCATIONAL LEAVE**   _____   Date(s) Requested: _____
Complete the educational leave box below and/or attach documentation
as applicable. Board approval may be required.

☐ **MILITARY LEAVE**   _____   Date(s) Requested: _____
_____ **Short-Term** (§10.1)   Projected Date of Return (if known) _____
_____ **Extended Active Duty** (§10.2)
_____ **Other** (§10.3, §10.4)

☐ **OTHER**   _____   Date(s) Requested: _____

Other Leaves May Include: Professional, Jury Duty, Court Attendance, Parental Involvement, Discretionary, Paid Parental, Contagious Disease,
etc. Additional documentation may be required.
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Substitute Teacher Needed?   ☐ Yes   ☐ No   **Job #** _____   **Substitute Teacher:** _____

Educational Leave Requests for Workshops/Training ONLY

Workshop/Training Title: _____
Is funding for a substitute being provided by the workshop organizer?   ☐ Yes   ☐ No
If Yes, please return a Funding for Workshop/Training form to the school/department for use following the completion of the event.

Supervisor's signature is required for **all** leave requests. Supervisor may deny requests for certain types of leave. If denied, please provide a reason.

☐ **APPROVED**   ☐ **DENIED**   **Reason denied:** _____

_____   _____   _____   _____
Signature of Employee   Date   Signature of Principal or Supervisor   Date

_____   _____
Signature of Superintendent, Budget Manager or Designee   Date

School Use Only: _____

Revised 10/16/2023