

**BEND-LA PINE PUBLIC SCHOOLS
LEAVE RECORD**

Monthly Pay Per

FROM: _____ TO: _____

DIRECTIONS: Complete sections for LEGAL name and Employee ID number (as they appear on your paycheck), school or department. Indicate employee type. Indicate the base assigned to your position. List the date, number of hours absent, and the type of absence. Provide a total for the week for each type of leave used. **Leave Records must be turn monthly based on the payroll calendar deadlines. Form must be signed by Administrator or Supervisor and employee.**

Printed Legal Name _____

Superintendent Employee ID # (as it appears on your paycheck): _____

Administrator

Certified

BASE HOURS _____ (Regular Assigned H

Classified

Confidential

School or Department _____

DATE	DAY	Sick Leave	Personal Leave	Non-Contract	Comp Time	School Business	Field Trip	Coaching	Other Leave **	Notes/Comments:
	MON									
	TUE									
	WED									
	THR									
	FRI									
	SAT									
	SUN									
	TOTAL									
	MON									
	TUE									
	WED									
	THR									
	FRI									
	SAT									
	SUN									
	TOTAL									
	MON									
	TUE									
	WED									
	THR									
	FRI									
	SAT									
	SUN									
	TOTAL									
	MON									
	TUE									
	WED									
	THR									
	FRI									
	SAT									
	SUN									
	TOTAL									

Employee Signature _____

Date _____

Administrator or Supervisor Signature _____

Date _____

****Other Leave Categories:** Jury duty, Bereavement leave, Association leave, Military leave, On-the-job injury, Sub-deduct, Full-deduct, Vacation, FMLA.

Distribution:

1. Original – Human Resources
2. Yellow – School or Department
3. Pink - Employee