



PARAPROFESSIONAL/
LRT LEAVE FORM

EMPLOYEE'S NAME (Printed) _____ BLDG _____
POSITION: _____ LRT _____ PARAPROFESSIONAL

	Monday	Tuesday	Wednesday	Thursday	Friday
Date of absence					
# of Hours absent					
Time off code <i>*see below</i>					
Substitute's Name (if applicable)					

A

*TIMEOFF CODES	TIMEOFF CODE DESCRIPTIONS	Reason
BER	Bereavement <i>(must include relationship of the deceased)</i>	
ILS	Illness Self	N/A
ILF	Illness Family (Limit 5 days per the contract)	N/A
CME	Comp Time Earned	N/A
CMU	Comp Time Used	N/A
PER	Personal	N/A
OTH	Example: Jury duty	
LWP	Leave Without Pay	

COMPLETE FOR ANY LEAVE WITHOUT PAY:

B

CLASS OF PAY	# HOURS TAKEN – each Class
CLASS II	
CLASS III	
CLASS IV	
CLASS V	
CLASS VI	

This section applies only to Paraprofessionals

THIS SECTION MUST BE COMPLETED: Note – The collective bargaining agreement time off allocations supersedes any Principal/Supervisor authorization.

C

Employee Signature Date Principal/Supervisor Signature Date

PAYROLL OFFICE USE ONLY:

Dock Pay Code	Hourly Rate	Hours	Deduction
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Payroll Deduction on _____ in the amount of \$ _____