

APPENDIX L

Extended Holiday/Periods of School Intermissions Absence Form

Teacher's Name: _____ **Employee ID:** _____

Building/District Department: _____

Date(s) of Absence: _____

Check One:

_____ I am providing notice for the use of annual leave for an absence on the last day before or the first day after a holiday or period of school intermission due to an emergency/illness. I understand that I must attach written verification/statement of the emergency/illness. Therefore, only the actual hours of leave will be deducted from my annual leave balance for this absence in accordance with Article 21.1.2 of the Agreement between the St. Vrain Valley Education Association and the St. Vrain Valley School District No. RE-1J. This information must be submitted to the building principal/ department supervisor within five (5) days of the last day of my absence. The building principal/ department supervisor will submit the completed and signed form to the Human Resources department for processing.

_____ I am providing notice for the use of annual leave for an absence on the last day before or the first day after a holiday or period of school intermission for reasons other than verifiable emergency/illness. I understand that one and a half (1.5) hours of leave will be deducted from my annual leave balance for each hour of actual leave taken in accordance with Article 21.1.3 of the Agreement between the St. Vrain Valley Education Association and the St. Vrain Valley School District No. RE-1J. This information must be submitted to the building principal/ department supervisor at least five (5) days prior to the first day of my absence. The building principal/ department supervisor will submit the completed and signed form to the Human Resources department for processing.

Teacher's Signature: _____ **Date Submitted:** _____

Principal's/Supervisor's Signature: _____ **Date Received:** _____

Human Resources Use Only

Date Received: _____ **Date Returned to Teacher:** _____

_____ Verified as Emergency/Illness

_____ Not Verified as Emergency/Illness – Explanation: _____

Assistant Superintendent of HR Signature: _____