

**APPENDIX L**

**Request Form to Remove Additional Leave Dock  
for an  
Absence Prior to or Following a Holiday or Period of School Intermission**

**Teacher's Name:** \_\_\_\_\_ **Employee ID:** \_\_\_\_\_

**Building/District Department:** \_\_\_\_\_

**Date(s) of Absence:** \_\_\_\_\_

**Reason for Absence:** (Confidential health information may be faxed to the District HIPAA Secure Server at 303-682-7399)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am submitting this form as notice that the use of annual leave for this absence on the last day before or the first day after a holiday or period of school intermission was due to an emergency/illness. Therefore, I am requesting that only the actual hours of leave be deducted from my annual leave balance for this absence 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.

A copy of the completed form will only be provided to the requesting teacher if the request is **denied**. By checking below, a copy of the completed form will be provided to the requesting teacher if the request is **approved**.

\_\_\_\_\_ I am requesting a copy of the completed form whether the request is **approved** or **denied**.

**Teacher's Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

*Completed form must be submitted to the Department of Human Resources no later than five (5) work days following the end of the absence.*

**Human Resources Use Only**

**Date Received:** \_\_\_\_\_ **Date Returned to Teacher:** \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied Explanation: \_\_\_\_\_ No reason listed or statement of verification provided.

\_\_\_\_\_ Request form not received within five (5) days of the absence.

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ **Human Resources Representative Signature** \_\_\_\_\_ **Date**