Yupiit School District
P.O. Box 51190
Akiachak, Alaska99551
Voice: 907-825-3600
FAX: 907-825-3655

Last Name,	First Name	MI

Akiachak	
Akiak	
Tuluksak	

Social Security _____

Instructions
1. Advise supervisor of need for leave as soon as possible.
2. Each date of absence to be entered on a separate line.
3. Number of hours to be entered only if absence is less than full workday. Hours to be rounded to nearest quarter.
4. Submit original and copies to supervisor the work day after absence.

Leave Code	Type of Leave
S	SICK
SF-1	SICK-FAMILY (GENERAL)
SF-2	SICK ILLNESS OR DEATH
FLA	FAMILY ACT
P	PERSONAL
AD	ADMINISTRATIVE
AN	ANNUAL
C	COMPENSATORY
WP	LEAVE WITHOUT PAY
OTHER	DESCRIBE

Employee certification: I have read the policies/regulations applicable to employee leaves. I certify that the leave applied for herein is consistent with the policies/regulations and that this application is true and correct.

_____ _____
Employee Signature Date

_____ _____
Supervisor Date

_____ _____
Superintendent Date

Date Mo/Day/Yr	Number of Hours/Days	Leave Code	Supervisor Approval	Comments