



**EMPLOYEE LEAVE INFORMATION**

**I. PURPOSE**

It is the purpose of this policy is to increase the communication of employee absences and leave requests to the Director or Chairperson for the Director/Teacher position.

**II. GENERAL STATEMENT OF POLICY**

A. When an employee is sick they must first try to secure a sub from the sub list provided by the Director. The employee must notify the Director, or Chairperson for the Director/Teacher position, as soon as possible regardless of whether a sub was secured or not. Following the absence, the employee must complete the *Little Angel Preschool Sick Leave Form* (Appendix A) and return to the Director, or Chairperson for the Director/Teacher position.

1. The Director, or Chairperson for the Director/Teacher position, will sign the form, provide the employee with a copy of the form, and place the original in the employee's personnel file.

B. When an employee needs to request a leave of absence, he/she must first try to secure a sub from the sub list provided by the Director. Next, the employee must complete the *Little Angel Preschool Leave Request Form* (Appendix B) and return to the Director, or Chairperson for the Director/Teacher position. If a sub was not secured the Director, or Chairperson for the Director/Teacher position, has the right to deny the request for a leave of absence.

1. The Director, or Chairperson for the Director/Teacher position, will sign the form, provide the employee with a copy of the form, and place the original in the employee's personnel file.

REVISED: 7/14/20

Appendix A

LITTLE ANGEL PRESCHOOL  
**Employee Sick Leave Form**

Print Name \_\_\_\_\_ Position \_\_\_\_\_

Check One:

- I was absent due to illness
- I was absent due to a doctor appointment
- I was absent due to a family member illness: (circle one)

Minor Child      Adult Child      Spouse      Sibling  
Parent      Grandparent      Step-Parent

**FROM**

**THRU**

\_\_\_\_\_

For a total of \_\_\_\_\_ hours/days

\_\_\_\_\_  
Signature of LAP Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of LAP Director/Chairperson

\_\_\_\_\_  
Date

Approved       Disapproved

LITTLE ANGEL PRESCHOOL  
**BEREAVEMENT – EMERGENCY – MEDICAL – UNPAID  
LEAVE OF ABSENCE FORM**

Print Name \_\_\_\_\_ Position \_\_\_\_\_

I am requesting leave on the following dates(s):

From \_\_\_\_\_ through \_\_\_\_\_ for the following reason:  
*Date Date*

**PLEASE CHECK THE APPROPRIATE BOX:**

**Unpaid Leave** for the purpose of: \_\_\_\_\_

\_\_\_\_\_  
(If more space is needed, attach an explanation)

**Paid Time Off** for the purpose of (optional): \_\_\_\_\_  
(You may not exceed your allotted number of PTO days)

**Emergency Leave** for the purpose of: \_\_\_\_\_

\_\_\_\_\_  
(If more space is needed, attach an explanation)

**Bereavement Leave:**  
Death of: \_\_\_\_\_

**Medical Leave:** A request for an extended leave of absence for illness.

**Substitute:** \_\_\_\_\_

\_\_\_\_\_  
Signature of LAP Employee \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of LAP Director/Chairperson \_\_\_\_\_  
Date

Approved  Disapproved