

**The School Board of Broward County, Florida  
Vacation/Leave Request Form**

School or Department: \_\_\_\_\_  
Name/Location Number

NAME \_\_\_\_\_ PERSONNEL # \_\_\_\_\_

LOCATION \_\_\_\_\_ POSITION \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

REASON	EARNINGS TYPE	DATE(S)	TOTAL HOURS
<b>SICK LEAVE:</b> Personal Illness (No prior approval necessary)	SCK		
<b>SICK LEAVE OTHER:</b> (Illness in Family) (No prior approval necessary)	SLO		
<b>SICK LEAVE BEREAVEMENT</b>	BER		
<b>PERSONAL REASONS:</b>	SPR		
<b>VACATION:</b> (If applicable) (Prior approval required)	VAC		
<b>MILITARY LEAVE:</b>	MIL		
<b>*OFFICIAL LEAVE:</b> (Jury Duty, Subpoenas, etc.)	ABS		
<b>DECLARED EMERGENCY LEAVE</b>	DEL		
<b>OTHER LEAVE:</b> (When Sick Leave not used or not allowed; i.e.: Probation, Unpaid Maternity Leave, etc.)	PLV		
<b>**ACCIDENT IN LINE OF DUTY:</b> (Date Injured _____)	DIS		
<b>COMPENSATORY TIME</b>	COMP		
<b>TOTAL</b>			

(\* ) Official Leave was required for the following activity: \_\_\_\_\_

(\*\* ) Show here all days absent because of accident in line of duty: \_\_\_\_\_

**Application of Leave (Disability, Sick, Vacation or Declared Emergency) will be made as provided only in board policy.**

**Please review Policy 4480 for rules regarding Vacation, Policy 4400 for rules regarding Sick Leave and Policy 4412 regarding Declared Emergency Leave.**

I hereby apply for the above leave(s) and certify that during the Payroll Period ending \_\_\_\_\_ it was necessary for me to be absent for the reasons indicated above:

Employee: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
Authorized Signature (as per Policy)

Date: \_\_\_\_\_