CANYON-OWHYEE SCHOOL SERVICE AGENCY

Claim for Leave Form

Employee Name (Last, First) _____ Date Submitted _____

☐ **Sick Leave:** Date(s): _____ Number of Days: _____

_____ _____

_____ _____

☐ **Personal Leave:** Date(s): _____ Number of Days: _____

☐ **Jury Duty:** Date(s): _____ Number of Days: _____

Submit Jury Duty Summons with completed Claim for Leave form

☐ **Professional Leave:** Date(s): _____ Number of Days: _____

To attend: _____

Pre-approved by: _____

☐ **Bereavement Leave:** Date(s): _____ Number of Days: _____

Relationship of deceased to employee: _____

Administrator notified: _____ Date: _____

☐ **Leave Without Pay:** Date(s): _____ Number of Days: _____

☐ **Other Leave:** Date(s): _____ Number of Days: _____

Specify type of Leave: _____

_____ _____

Employee Signature Program Administrator Signature

If substitute was hired, please provide name: _____

Submit completed form to COSSA Administrative Office:
Certified Staff – submit within five days of leave
Classified Staff – submit with Time Sheet (due on the 15th of each month)