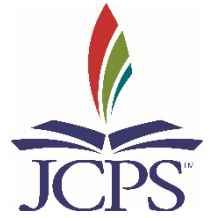


RELIGIOUS OBSERVATION LEAVE

Leave Center Fax 485-8947

Leave Center Email: jcps.leavecenter@jefferson.kyschoolc.us



IMPORTANT NOTICE: Per Board Policy 03.123 & 03.223 "An absence from duty not associated with an approved leave shall be treated as job abandonment regardless of intent to return to work and may result in termination." Please complete this form in its entirety to avoid delay.

It is **YOUR responsibility** to let your location know about anticipated time off.

Employee Information:

_____ First Name Last Name	_____ XXX-XX- Last Four SSN	_____ Employee ID
_____ Street Address	_____ City, State, Zip Code	_____ Phone Number
_____ School/Cost Center	_____ Job Title/Days&Hours	

Religious Holiday: _____

Date(s) of Religious Holiday: _____

Employee Affidavit:

(Please check each box indicating your understanding of your responsibilities)

- ☐ I understand this request is for an unpaid leave of absence and must be submitted and approved prior to taking the days requested.
- ☐ I understand that I must inform my supervisor prior to being absent.

I do solemnly swear that on the above mentioned date(s) I am requesting to be absent from my duties for the observation of a religious holiday.

Employee Signature

Date

Jefferson County Public School District does not discriminate on the basis of age, color, disability, marital or parental status, national origin, race, sex, sexual orientation, political opinion or affiliation or religion in educational programs, services, career and technical educational opportunities, employment or activities as set forth in compliance with federal and state statutes and regulations.

Office Use Only:

_____ Approved _____ Denied

Leave Center Coordinator

Date