



# Columbus City Schools Application for Miscellaneous Leaves

Talent Department | Human Resources  
[leavesofabsence@columbus.k12.oh.us](mailto:leavesofabsence@columbus.k12.oh.us)  
Phone: 614-365-6791 | Fax: 614-365-4044

EMPLOYEE'S NAME \_\_\_\_\_ ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

PREFERRED EMAIL \_\_\_\_\_

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

DIRECT SUPERVISOR'S NAME \_\_\_\_\_

### TYPE OF LEAVE REQUESTED:

- JURY DUTY** (Please include copy of summons)
- WORK-RELATED SUBPOENAS** (Please include copy of subpoena)
- RELIGIOUS LEAVE** (Please list the name of requested holiday) \_\_\_\_\_
- PERSONAL LEAVE** (Please state reason for leave) \_\_\_\_\_
- EXTENDED BEREAVEMENT** (Please list relationship to self) \_\_\_\_\_
- OTHER LEAVES** (Ex. CEA Sabbatical Leave, CEA 702.07, CEA 702.10, etc.)

LEAVE START DATE \_\_\_\_\_

RETURN TO WORK DATE \_\_\_\_\_

SUBSTITUTE NEEDED IN RED ROVER? YES  NO

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\* PLEASE REVIEW YOUR APPLICABLE AGREEMENT FOR RULES AND RESPONSIBILITIES REGARDING LEAVES \*\*\*

\*\*\* PLEASE SUBMIT APPLICATION AND DOCUMENTS TO [leavesofabsence@columbus.k12.oh.us](mailto:leavesofabsence@columbus.k12.oh.us) \*\*\*

Form Expires 7/1/2025

*Do not submit this form after 7/1/2025. If you need the most recent copy of this form after 7/1/2025, please contact the CCS Leaves of Absence Team at 614-365-6791 or [leavesofabsence@columbus.k12.oh.us](mailto:leavesofabsence@columbus.k12.oh.us)*

### FOR TALENT | HR USE ONLY

Approved by:

Denied by:

Talent Department/HR Signature

Date