

EMPLOYEE REQUEST FOR USE OF RESTRICTED ACA / COMP TIME Educational Support Professional (ESP) Staff Only

Complete and submit this Request Form to your Principal/Supervisor prior to requested absence.

(Employee Name, Please Print)

(Employee ID No.)

Request to use _____ hours of ACA for the following date(s): _____ and/or

Request to use _____ hours of comp time for the following blackout dates(s): _____

Restrictions on Authorized Compensatory Absences (ACA) as per ESP Meet & Confer document.

<p>ACA may not be used for:</p> <ul style="list-style-type: none"> • Recreational purposes • Gainful employment outside of the District • Continuing commitments such as student teaching or coursework • Blackout Days for School-based employees and District Staff that provide direct services to students: <ul style="list-style-type: none"> ➢ the first five (5) instructional days of school ➢ the first instructional day of each quarter ➢ the day prior to the Thanksgiving holiday ➢ the last two (2) instructional days of the school year. 	<p>Exceptions to the restrictions may be made on those occasions when an employee:</p> <ul style="list-style-type: none"> • Is absent due to personal illness or injury; illness of a family member • Is required by any branch of local, state, or federal government to keep an appointment • Is absent for religious observances • Has authorized personal business that cannot be conducted outside of the normal working hours of the employee or is not under the control of the employee (e.g. court proceedings, wedding, funeral, graduations, medical appointments, emergencies, etc.)
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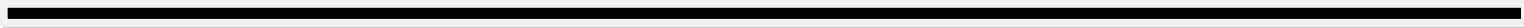
Explain the exception to the restriction that you are requesting for approval:

_____ Yes, I have attached appropriate documentation.

Employee Signature

Employment Site

Date



ACA/ Comp Use Approved

ACA/Comp Use Not Approved

Approved as a Non-Paid Absence

Principal/Supervisor Comments: _____

Principal/Supervisor

Date

Once request is signed by the Principal/Supervisor, please send form to Talent Management, Substitute Specialist, for processing at sbaine@kyrene.org or to mailstop #13.