



8200 POSITION REQUEST FORM

Please save and e-mail completed form to RLU@dadeschools.net

Mailed or faxed forms will not be accepted.

(*) denotes required information

* Requesting Administrator Name and Title:		* Location #:	* Telephone #:
* Employee Name:	* Employee #:	* Position ID:	* Job Code:
* Starting date of 8200:	* Ending date of 8200:		

* Earned days as of _____: Vacation _____ Sick _____

The 8200 position is requested because:

- Employee is out sick and using ____ vacation/sick days. Requested Leave of Absence is to begin on _____.
- Employee is retiring.
Expected date of retirement: _____
- Employee will be out from _____ to _____ (please explain below).
Explanation:

An 8200 position will not be created for **Resignations, Worker's Compensation, or Job Abandonment.**

Please report **only earned** Sick, or Vacation. Once days are depleted you can only use **up to 30 continuous Leave Without Pay (LWOP) days** for payroll purposes when the employee is in the 8200 position. **Failure to do so will affect your 02 account.**

INTERNAL USE ONLY LEAVE/RETIREMENT/UNEMPLOYMENT COMPENSATION DEPT.
Approved
Denied