

LEAVE REQUEST

Employee's Printed Name

Building Assignment

I am requesting to be absent from my position and duties on the following date(s):

Date(s)

Reason*

_____	Full _____	Half _____	am/pm	_____
_____	Full _____	Half _____	am/pm	_____
_____	Full _____	Half _____	am/pm	_____
_____	Full _____	Half _____	am/pm	_____
_____	Full _____	Half _____	am/pm	_____

*Valid Reasons: Vacation, Sick Leave, Personal Leave, Family Illness (state relationship), Family Bereavement (state relationship), Bereavement (not covered by family), Other (specify).

See individual contract/handbook for explanation and criteria for each of the above.

_____ Administrator	_____ Educational/Health Assistant
_____ Cafeteria	_____ Teacher
_____ Clerical	_____ Technical/Managerial
_____ Custodial/Maintenance	_____ Transportation
_____ Other (specify) _____	

Employee Signature

Date

Supervisor Signature

Date

_____ Denied

_____ Approved

_____ Taken as Requested

SEE REVERSE SIDE FOR ADDITIONAL ROUTING INSTRUCTIONS FOR ITINERANT STAFF

This form is to be used to request time off from the employee's duties prior to the occurrence. Once the leave is taken, the Supervisor is to initial "Taken as Requested" and submit to the Payroll Department to serve as the Absence Report.

7/28/2011