



REQUEST FOR LEAVE

Name of Employee: _____ Grade: _____
Building: _____

Table with 2 columns: Date(s) of Absence, Total Number of Hours Requested

Sick Leave

- General Sick Leave
Sick Leave Bank (Needs Superintendent Approval, attach documentation)
Family Medical Leave Act (FMLA) (incapacity for 3 consecutive, full calendar days and any subsequent treatment or incapacity relating to the same condition.)

Personal Leave

- General Personal Leave
Extenuated Personal Leave (Needs Superintendent Approval, attach documentation)

Professional Leave Co-Curricular In-District

Name of Professional Development
Location of Professional Development
Reason for Professional Development

Budget Account for Professional Leave:

- Bereavement Leave
Jury Duty
Annual Leave
Leave Without Pay (Needs Superintendent Approval, attach documentation)

Signature of Principal/Administrator

Signature of Staff Member

Date

Date

APPROVED *****

Leave Without Pay

Superintendent (if needed)

Deduction at Substitute Pay Rate

Date