

Philomath School District 17J
Licensed Employee Leave Request

Name: (please print) _____

Building: CPS BES PES PMS PHS

Type of Leave: (Note: Any unpaid leave must have prior Board authorization)

Sick Leave:

___ Sick

___ Personal

Other Leave:

___ Bereavement

___ Other* _____

*(please specify, i.e., jury duty, unpaid leave, etc.)

Date(s)/Hours of Leave:

Date(s) of Leave: _____

From: _____ AM PM

Total Number of Hours Taken: _____

To: _____ AM PM

Comments: _____

Substitute Needed:

No Yes ~ Specify Hours: _____

I certify that I have accrued sufficient leave to cover the requested absence.

Employee's Signature

Date

Principal/Supervisor's Signature

Date

Superintendent's Signature (for unpaid leave)

Date

consent payroll