



CUSTODIANS AUTHORIZED LEAVE OF ABSENCE REQUEST FORM

School (check one):

BES MES WMS NHS Other _____

Name: _____ **Date:** _____

Confirmation Number: _____

Reason for Request (unless exempt by contract or agreement): _____

Type of Leave (check one):

Bereavement (as per contract) Floating Holiday (as per contract) Jury Duty
 Personal Day Leave Unpaid Leave Vacation Leave Other _____

Leave Dates: From: _____ To: _____ **Number of Days Requested:** _____

Requestor Signature: _____ **Date:** _____

SUPERVISOR ACTION

Approved Denied (provide reasons on a separate attachment)

Supervisor Signature: _____ **Date:** _____

CENTRAL OFFICE ACTION

Approved Denied (provide reasons on a separate attachment) Posted by: _____

Superintendent Signature: _____ **Date:** _____

Notes:

- Submit form to your immediate supervisor for initial approval before subsequent approval by Central Office
- Leave of Absence is not complete until subfinder has been notified