



POCATELLO/CHUBBUCK SCHOOL DISTRICT 25
LEARNING TODAY FOR THE POSSIBILITIES OF TOMORROW

REQUEST FOR PERSONAL LEAVE

Name: _____ Signature of Employee: _____

For Office Use Only:			For Office Use Only:		
Requested Date #1	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Requested Date #2	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Requested Date #3	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Requested Date #4	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Requested Date #5	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Requested Date #6*	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

* only available as carryover from the previous school year.

Supervisor's Signature: _____ Date: _____

Copy 1: School/Office Secretary



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Requested Date #3	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Requested Date #4	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Requested Date #5	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Requested Date #6*	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

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Supervisor's Signature: _____ Date: _____

Copy 2: Employee