

WASHINGTON CENTRAL SUPERVISORY UNION LEAVE REQUEST AND ABSENCE REPORT FORM

Name _____ Date _____

School _____

DATE(S) OF REQUESTED OR REPORTED ABSENCE	TYPE OF LEAVE OR ABSENCE	LEAVE TIME START	LEAVE TIME END	# OF HOURS (support staff) REPORTED OR REQUESTED	# OF DAYS (teachers) REPORTED OR REQUESTED (.25/.50.75/1)
_____	Sick Leave	_____	_____	_____	_____
_____	Sick Leave (Family)	_____	_____	_____	_____
_____	Bereavement Leave*	_____	_____	_____	_____

*Please include name/relationship to family member _____

LEAVE LISTED BELOW REQUIRES PRIOR APPROVAL OF AN ADMINISTRATOR. IT IS PREFERRED THAT A MINIMUM OF 7 DAYS NOTICE IS GIVEN FOR PLANNED LEAVE.

_____	Personal Leave	_____	_____	_____	_____
_____	Professional Leave	_____	_____	_____	_____
_____	Unpaid Leave	_____	_____	_____	_____
_____	Vacation	_____	_____	_____	_____
_____	Jury Duty	_____	_____	_____	_____
_____	Holiday (floating)	_____	_____	_____	_____
_____	Other (please list)	_____	_____	_____	_____

Signature of Staff Member _____

Disposition of Administrator: _____ Approved

_____ Denied

Signature of Administrator: _____

_____ Posted to Aesop