

LEAVE REQUEST FORM

EMPLOYEE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ POSITION: \_\_\_\_\_

SUBSTITUTE NEEDED: \_\_\_\_ YES \_\_\_\_ NO

CHECK THE APPROPRIATE PAID TIME OFF DAYS TO BE USED:

- PERSONAL
- BEREAVEMENT\*\* (See Box Below to Qualify)
- SICK
- VACATION
- OTHER \_\_\_\_\_

DATE(S) OF LEAVE REQUESTING OR TAKEN: \_\_\_\_\_

REASON FOR LEAVE:

DESCRIPTION: \_\_\_\_\_

*(3 days absence, a doctor's statement is required. 5 days absence, Family Medical Leave papers are required. Contact Human Resources as soon as possible, up to 30 days notice recommended.)*

**\*\*BEREAVEMENT** – Complete this section for funeral leave:

NAME OF PERSON DECEASED: \_\_\_\_\_

RELATIONSHIP TO THE DECEASED: IMMEDIATE FAMILY ONLY-CHECK - APPROPRIATE BOX BELOW:

spouse     child     sister     brother     mother     father     parent-in-law

sister-in-law     brother-in-law     child-in-law     grandchild     grandparent     grandparent-in-law

SIGNED: \_\_\_\_\_  
(EMPLOYEE)

SIGNED: \_\_\_\_\_  
(PRINCIPAL or SUPERVISOR)

APPROVED     DENIED

DATE SIGNED: \_\_\_\_\_

\*\*\*\*\*Original Form must be submitted to the Administration Office\*\*\*\*\*

Request for personal leave should be submitted at least five (5) school days in advance except in case of an emergency. This form should be completed for any absence except for professional days. If the form cannot be submitted before the leave, it must be completed immediately upon the employee's return to work. Leave time must be taken in "half" or "full" day increments.