



## LEAVE REQUEST FORM

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Building: \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_

TYPE OF LEAVE REQUESTED:	√	Full Day	Half Day	
			AM	PM
SICK				
PERSONAL				
VACATION				
PROFESSIONAL				
BEREVEMENT				
JURY DUTY				
MATERNITY				
FMLA				
WITHOUT PAY				

Reason for Leave: \_\_\_\_\_

- Refer to the provisions in your collective bargaining agreement/personal contract for terms of use.
- Attach all pertinent documentation to this form (e.g. doctor's note, letters, summons for jury duty)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Once approved, this form must be attached to your timesheet and submitted to payroll.**