

AMITY SCHOOL DISTRICT 4J
DISTRICT LEAVE REQUEST

Print Name Legibly

I am requesting leave from my assigned duties on _____
Date(s)

Hours Absent _____ for the following reason: Job Number: _____
Substitute (if known): _____

Personal Leave (may request reason) ***Prior Approval Required**

Sick Leave

FMLA / OFLA

PLO / PFMLI ***30 Days Prior Approval Required** (_____ date noticed received at HR)

**Professional Development: _____

****Must be approved at least one week in advance.** (Workshop / Conference)

(Description / Location)

Grant (if applicable)

Field Trip: _____
(Description / Location)

Bereavement Leave: _____
(Specify Family Member)

Jury Duty Leave Witness / Appearance Leave

Unpaid Leave ***Must be approved by Superintendent prior to event.**

Vacation (12 month employee's only – **No Vacation will be granted without prior approval.**)

I am requesting vacation on the following date(s): _____

Employee's Signature

Today's Date

Principal's Signature

Request Approved

Request Denied

Authorized Signature