

ABERDEEN SCHOOL DISTRICT NO. 5
Aberdeen, Washington

APPLICATION FOR LEAVE

Applicant's Name: _____
(Please print)

Building: _____ Position: _____

_____ Bereavement Leave

_____ Personal Leave

_____ Emergency Leave

_____ Leave Without Pay

_____ Vacation Leave

Statement by applicant of circumstances prompting request:
(No statement required for Personal Leave)

Date(s) absent: _____

Number of days leave requested: _____

Signature of Applicant

Date

Signature of Principal/Supervisor

Date

Comments by Principal or Supervisor: _____

(District Office Use)

_____ Approved

_____ Disapproved

Comments: _____

Signature

Date