



Parent and Family Engagement Specialist Leave Request Form

Name _____ Date Submitted _____

Leave Request Information

SP: Personal/Family Illness

SB: Personal Business – 72 hour notice required

BI: Bereavement Immediate (spouse, child, parent, grandparent, sibling – includes in-laws and step family members)

BE: Bereavement Extended (aunt, uncle, cousins, niece, nephew)

Date(s) _____ Type of Leave _____

Employee's Signature

Supervisor Approval

Request Approved

Request Denied

Reason _____

Signature _____

Date _____