



To request a leave of absence, the employee must complete this request form and submit the form to his/her Principal/Supervisor. Principal/Supervisor will review and approve or deny the request. The employee will be notified of the decision. No leave can be granted nor payment authorized until this form has been completed and available leave verified.

Name of Employee _____

Building/Location _____

Position _____

Beginning Date of Absence _____

Leave End Date _____

Half day Full Day

Type of Leave requested:

Employee/Family Illness
(5 or more days)

Personal
per contract language

Jury Duty
*attach court documentation showing Jury Duty was served

Bereavement
*name/relationship required below

Unpaid Leave (Superintendent Approval Required)

Leave of Absence (Board Approval Required)
*Medical note may be required

Description of leave requested or reason for use of extended employee/family illness leave:

Employee Signature _____ Date _____

*by signing this form you are verifying you have the leave time you are requesting available

Principal/Supervisor Signature _____ Date _____

Approved
 Denied

Superintendent/Designee Signature _____ Date _____

Approved
 Denied

Presented to School Board Approved Denied Date _____