LEAVE FORM
Hawley Public Schools, ISD #150

Name _____ **Today's** Date _____

***Date(s) & Hrs.** Leave Requested/Used _____ **(i.e., 9-11 am)**
*(**Be Specific**, if you do not enter anything for the "**Hrs.**", it will be assumed you were gone "all day")*

I certify that I was unable to report to work for the following reason(s):

☐ Sick Leave **relationship:** _____ (i.e., Self, Child, Adult Child, Spouse, Parent, etc.)

☐ Sick Leave Bank **[EMH]** _____ **(Requires EMH President's Initials)**

☐ Serious Illness/Injury **[EMH]** **relationship:** _____

☐ Bereavement **relationship:** _____

☐ Staff Development Activity – **(Keep Workshop Attendance Form "Attached")**

☐ School Conference/Activities Leave **describe:** _____
*{School Conference/Activities Leave is for "***your own child(ren)**"}

☐ Jury Duty

☐ Association Leave **[EMH]** _____ **(Requires EMH President's Initials)**

☐ Personal Leave **(Paid)**

☐ Vacation Leave **(Paid) (12-month employees)**

☐ Leave Without Pay **describe:** _____

☐ Other **describe:** _____

Signature of Employee: _____

Leave Approved: _____ _____
Supervisor Date

Leave Approved: _____ _____
Superintendent of Schools Date

EMH = Teachers
ESP = Non-Certified Staff