



LEAVE REQUEST FORM DAVENPORT COMMUNITY SCHOOLS

TO BE COMPLETED BY THE EMPLOYEE (ALL FIELDS REQUIRED):

****REQUESTS SHOULD BE COMPLETED PRIOR TO THE ANTICIPATED LEAVE. HUMAN RESOURCES MUST APPROVE ANY REQUEST OF THREE (3) OR MORE CONSECUTIVE DAYS OFF.***

DATE OF REQUEST:

EMPLOYEE NAME:

EMPLOYEE #:

BUILDING:

JOB TITLE:

REASON FOR LEAVE:

LEAVE START DATE:

LEAVE RETURN DATE:

TYPE OF PAID LEAVE TO USE WHILE OUT:

EMPLOYEE SIGNATURE:

****ALL LEAVE REQUESTS WILL COUNT TOWARDS AN EMPLOYEE'S ABSENTEEISM EXCEPT PAID/UNPAID FMLA, PAID/UNPAID APPROVED MEDICAL LEAVES, EMERGENCY, PERSONAL, AND VACATION.***

TO BE COMPLETED BY THE SUPERVISOR:

APPROVED: ☐

NOT APPROVED: ☐

COMMENTS:

NAME / SIGNATURE:

TO BE COMPLETED BY HUMAN RESOURCES:

APPROVED: ☐

NOT APPROVED: ☐

COMMENTS:

NAME / SIGNATURE: