

Leave Request Form

All leave requests other than unexpected illness should be submitted 3 days prior to date of absence.

*Complete Leave Request Form the day following an unexpected illness.

The staff person is responsible for contacting the schools whose services will be affected.

A copy of this request will be made available to you for your records at your request.

Employee: _____

Date of Request: _____

Type of Leave Requested:

Date(s)

of Days

Discretionary Leave:

Sick Leave: (Discretionary leave must be used first)

Personal Illness

Family Illness

Medical/Dental Appt.

Bereavements

Other (List) _____

Civic Duty Leave:

Professional Leave:

Activity: _____

Location: _____

**Extended Leave:

Medical: _____

General: _____

**Other:

**Give a Full Explanation for Extended or Other Leave Requests:

Signature:

Administrative Action:

Approved: _____

Denied: _____

Director Signature:

(Fill out all of the requested information, especially dates and time missed.)

Effective 08/2023

