

LEAVE REQUEST – ALL STAFF

NAME: _____ BUILDING: _____

DATE OF LEAVE: _____

OR

DATE RANGE: from _____ to _____

NUMBER OF DAYS: _____ *(Make additional notes on back of form, if necessary)*

- Personal Sick Snow Sick
- Family Sick
- Personal Day
- Bereavement – Relationship *(Immediate family only)*: _____
- Funeral – Person of importance *(Other than immediate family)*
- Vacation
- Jury Duty

REASON FOR BELOW IS REQUIRED:

- School Business: _____
- Professional Development: _____

PRIOR APPROVAL BY SUPERINTENDENT AND REASON REQUIRED:

- Special – Leave with pay: _____
- No Pay: _____
- FMLA: _____

AIDES ONLY

- Aide Leave Day
- Snow Day (How do you want to be paid for the snow day?)
 - Aide Leave Day
 - No Pay
- No Pay (prior approval by superintendent and reason required): _____

Employee Signature: _____ Date: _____

Administrator Signature: _____ Date: _____