

LEAVE FORM

EMPLOYEE NAME: _____ EMPLOYEE NUMBER _____

TODAY'S DATE: ___ / ___ / ___

EMPLOYEE POSITION: _____

DATE(S) ABSENT: _____ BETWEEN _____ AM to _____ PM

REASON FOR

ABSENCE: _____

WILL A SUB BE NEEDED FOR THIS ABSENCE? YES NO

IF YES, PLEASE SPECIFY COVERAGE TIME NEEDED :

SUBSTITUTE REQUEST IF ANY: _____

- SICK LEAVE/ILLNESS
- EMERGENCY LEAVE
- PERSONAL LEAVE
- EXTRA-CURRICULAR LEAVE
- DISTRICT APPROVED WORKSHOP OR CONFERENCE
- APPROVED LEAVE WITH LOSS OF PAY
- VACATION

FOR OFFICE USE ONLY

SUBSTITUTE NAME:

EMPLOYEE'S SIGNATURE: _____

SUPERINTENDENT'S SIGNATURE: _____

PRINCIPAL OR SUPERVISOR'S SIGNATURE: _____