

# Request for Leave

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Name \_\_\_\_\_

Date \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_

Substitute\*:      1/2 Day      Full Day

\*Substitute needs can be discussed with admin

Leave Category\*\* (choose one):

Professional      *Personal*  
Bereavement      Family Illness  
Illness, Medical, Dental

\*\*Teachers: consult contract language to ensure that reason for leave is consistent with guidelines contained therein.

\*\*Hourly: If you have questions regarding appropriate time off usage, contact administrator. Personal category not for hourly employee use.

By Signing this form you certify the reason for leave falls within the guidelines related to your position

Signature: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Date: \_\_\_\_\_