ABINGDON-AVON C.U.S.D. #276
Request for Leave/Absence

Circle One:

Sick Personal Funeral Special Leave With Full Pay Leave Without Pay Vacation (12 mo. employee only)

Professional Development _____
(name of workshop/conference)

Circle Month:

January February March April May June

July August September October November December

Circle Date(s):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

26 27 28 29 30 31

Circle One:

Full Day ½ Day ¼ Day (non-certified)

I certify that I was absent and unable to perform the duties of my position for the above reason, and hereby make application for pay, less deductions, in conformity with rules and regulations.

Employee's Signature_____ **Date**_____

Print Name_____

I certify that I have made such investigation in the case as is necessary. I am satisfied that the facts are substantially as stated, and approve the request for the leave as indicated above.

Principal's or Supervisor's Signature_____

Date_____

FOR OFFICE USE ONLY

Name of Substitute_____