

ALEUTIANS EAST BOROUGH SCHOOL DISTRICT

PO BOX 429, SAND POINT, AK 99661
PHONE 907.383.5222 • FAX 907.383.3496

LEAVE REQUEST

NAME _____ LOCATION _____

EIN _____ JOB CODE _____

DATE _____

DATE(S) OF ABSENCE _____

REASON FOR ABSENCE _____

Name of Substitute (IF APPLICABLE) _____

FOR THE ABOVE ABSENCE – I AM CLAIMING

☐ SICK LEAVE

☐ UNPAID SICK LEAVE

☐ ANNUAL LEAVE

☐ UNPAID LEAVE WITH AUTHORIZATION

☐ PERSONAL LEAVE

☐ UNPAID LEAVE WITHOUT AUTHORIZATION

☐ ADMINISTRATIVE LEAVE

☐ OTHER (ATTACH A FULL EXPLANATION)

Signature – EMPLOYEE

Date

Signature – PRINCIPAL

Date

Signature – SUPERINTENDENT

Date

DATE COPY RETURNED TO EMPLOYEE