Gravette Public Schools



REQUEST FOR LEAVE

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Employee Name:					
Position: Type of Leave Requeste	ed:				
	☐ Sick		Vacation		Emergency/Catastrophic Health Event
	☐ Personal		Unpaid		Professional Mtng. or Activity*
Dates of Leave: From: To: You must submit requests for absences, other than sick leave, one week prior to the first day you will be absent.					
Employee Signature Substitute: Must already be on appro	oved substitute list.			Date:	
*PROFESSIONAL LEAVE REQUEST (if applicable)					
A. Professional Meeting or Activity:					
	g or Activity:				
Employee Signature:				Date:	
Substitute: Must already be on appro	oved substitute list.				
Approved:					
Principal/Supervisor:				Date:	
Attendance Clerk:				Date:	
Number o	of days available Sick: _		Personal:	Vac	ation:
Superintendent of Schools: (Signature required for vacation leave requests and leave request of administration and continuous conti				Date directors)	e:
Denied:					
Ву:				Date	e:
Reason for denial:					