



## **GOSNELL SCHOOL DISTRICT**

### LEAVE REQUEST FORM

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

TODAYS DATE \_\_\_\_\_

TYPE OF LEAVE REQUESTED (CHECK ONE) :

<input type="checkbox"/>	SICK DAY
<input type="checkbox"/>	PERSONAL BUSINESS DAY
<input type="checkbox"/>	PERFECT ATTENDANCE DAY
<input type="checkbox"/>	SCHOOL BUSINESS DAY
<input type="checkbox"/>	VACATION DAY
<input type="checkbox"/>	

LEAVE DATES REQUESTED: \_\_\_\_\_

\_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DENIED

SUPERINTENDENT'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DENIED

\*See Board & Personnel Policies Handbook for leave policies.