

# EMPLOYEE LEAVE REQUEST FORM

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date(s) of Leave \_\_\_\_\_ Time Requested: \_\_\_\_ All Day

Date(s) of Leave \_\_\_\_\_  
If "Partial Day" is requested, please specify time:  
Time Requested: \_\_\_\_\_ Partial Day  
From \_\_\_\_\_ to \_\_\_\_\_ A.M. / P.M.

LEAVE WITH PAY (Please Check the applicable line)

**TYPE:**

# PROFESSIONAL

Sick Leave

\_\_\_\_ Bereavement (see Policy)

\_\_\_\_ Workshop/Conference

\_\_\_\_\_ Personal

\_\_\_\_Maternity (see Policy)

\_\_\_\_Curriculum Business

\_\_\_\_\_ Vacation

\_\_\_\_ Military (see Policy)

\_\_\_\_ In-service Training

\_\_\_\_\_ Jury Duty

Other \_\_\_\_\_

Professional Organization

\_\_\_\_ District Business

\_\_\_\_ Student Activity Supervision

Other \_\_\_\_\_

*For PROFESSIONAL Leave, please list Title and Location of WORKSHOP, CONFERENCE, TRAINING, etc.:*

LEAVE WITHOUT PAY

\_\_\_\_\_ Personal Business (Dock me at the extra personal leave at sub rate).

### REQUIRED SIGNATURES

Employee's Signature

Supervisor or Principal's Signature

Superintendent's Signature \_\_\_\_\_

Request Approved

Request Denied

<sup>1</sup> *Principals' plans of change*

Partial Support of Hypothesis 1

Substitute Approved \_\_\_\_\_ Staff Coverage During Plan Time \_\_\_\_\_ No Substitute Needed \_\_\_\_\_

Name of Substitute \_\_\_\_\_

Funding Source to Pay Substitute: \_\_\_\_\_ Example: Title I, Title II, Vocational, Local School, etc.

Copies given to: \_\_\_\_\_ Employee \_\_\_\_\_ Central Office