

**CUMBERLAND ELEMENTARY & MIDDLE SCHOOL REQUEST FOR LEAVE FORM**

NAME \_\_\_\_\_ Certified  Non-Certified   
Full Time  Part Time

SICK LEAVE

PERSONAL LEAVE

OTHER (Please specify) \_\_\_\_\_

BEREAVEMENT (Relationship) \_\_\_\_\_

Day of Week  Month & Date  Year

Full Day

½ Day AM  or PM

**Sub Report Time**

Reason for Request:

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Date \_\_\_\_\_ Employee Signature \_\_\_\_\_

Date \_\_\_\_\_ Administrator Signature \_\_\_\_\_

Administration: Approval  Disapproval

Reason: \_\_\_\_\_