

# MISSION VALLEY USD #330

## CLASSIFIED STAFF

### LEAVE REQUEST

This form is to be turned in to Bailey, Beth or Dixie as soon as possible.

Name \_\_\_\_\_

Date(s) of Leave \_\_\_\_\_

Is leave related to FMLA or Work Comp? (please circle)      Yes      No

If yes please circle which one:      FMLA      Work Comp

Time: (please circle)      All Day      A.M.      P.M.      From: \_\_\_\_\_ To: \_\_\_\_\_

Do you require a substitute? (please circle)      Yes      No

What time (if half day) \_\_\_\_\_

Additional comments or description: (indicate if this is an appointment, funeral, ill, personal, etc.)

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\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Date

# MISSION VALLEY USD #330

## CERTIFIED STAFF

## LEAVE REQUEST

This form is to be turned in to Bailey, Beth or Dixie as soon as possible.

Name \_\_\_\_\_

Date(s) of Leave \_\_\_\_\_

Is leave related to FMLA or Work Comp? (please circle)      Yes      No

If yes please circle which one:      FMLA      Work Comp

Time: (please circle)      All Day      A.M.      P.M.      From: \_\_\_\_\_ To: \_\_\_\_\_

Do you require a substitute? (please circle)      Yes      No

What time (if half day) \_\_\_\_\_

Additional comments or description: (indicate if this is an appointment, funeral, ill, personal, etc.)

\_\_\_\_\_

\_\_\_\_\_  
Signature

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

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

\_\_\_\_\_  
Date

