

NORTH CENTRAL ESD LEAVE REQUEST



Staff Signature

DATE Requested: _____

DATE Granted: _____

Staff Leave Requested

DATE	HRS/DAYS	
_____	_____	Sick Leave (# hrs)
_____	_____	Personal Leave
_____	_____	Emergency/Inclement Leave
_____	_____	Bereavement Leave
_____	_____	Vacation
_____	_____	Professional Development
		Continuing Education _____
		School Visitation _____
		Workshop _____
_____	_____	Other _____

Explanation: _____

SUBSTITUTE

Secretary: Substitute, when confirmed

Substitute's Signature

Approved

Disapprove

North Central ESD Superintendent

School District Superintendent