



PARAGOULD SCHOOL DISTRICT

Request for Leave

Name: _____ Date: _____

Date of absence(s): _____ School: _____

Indicate reason for leave:

Personal day(s) *

Vacation day(s) *

Professional Development

School Business

Reason: _____

Jury Duty

Bereavement

Relation to employee: _____

Sick day(s)

Illness

Death

School Function _____

whole day

½ day a.m.

½ day p.m.

The guidelines for leave are found in the Paragould School District certified and classified personnel policies. Compliance with those guidelines is the responsibility of the employee.

I will need a substitute for this absence I will not need a substitute for this absence

*Must be approved by
Principal/Superintendent.

Approved

Disapproved

Employee signature

Principal's signature

Superintendent's signature