

Special Leave Request Form

Name: _____

Campus/Department: _____

Date(s) of Leave: _____

Reason for Request: Blackout Day Exceeds 3 Consecutive Personal Days

Exceeds 5 Personal Days per Semester Unpaid Leave

Explanation:

Employee- Complete form and send to Campus Principal or Supervisor

Principal/Supervisor-Approve or Refuse: Approve send to Asst. Supt./HR Disapprove: Return to Employee

Asst. Supt. HR- Approve or Disapprove Reason stated for disapproval on reverse

Signature of Employee: _____ Date: _____

Approval of Principal/Supervisor: _____ Date: _____

Approval of Asst. Supt.: _____ Date: _____