

Elkin High School



LEAVE REQUEST FORM

Name _____ Date _____

REQUEST

TOTAL # OF DAYS _____

TYPE OF LEAVE _____ SICK

_____ PERSONAL

_____ ANNUAL

_____ PROFESSIONAL

_____ WITHOUT PAY

DATES OF LEAVE _____

If a Substitute is needed, list your choices:

1st choice _____

2nd choice _____

Location of lesson plans: _____

Special Instructions: _____

Additional Comments: _____

Signature _____ Date _____

RESPONSE

_____ Please see me about this request

_____ This request is not approved

_____ This request is approved

This substitute will be _____

Signature _____ Date _____