

REQUEST FOR LEAVE

Name _____ Date Submitted _____

REQUEST FOR:

NUMBER OF HOURS/DAYS:

- 1. Sick Leave () _____
- 2. Annual Leave () _____
- 3. Comp. Time () _____
- 4. Professional Leave () Explain _____
- 5. Other () Explain _____

Date(s) of Leave

Employee's Signature

Date Approved

Supervisor's Signature

For Central Office Employees:

Date Approved

Superintendent's Signature