



HULBERT PUBLIC SCHOOLS
Request for Leave

Employee name: _____ Date Submitted: _____

- Reason for Leave:
- Personal
 - Sick
 - School Business
 - Emergency
 - Vacation (12 Month Employees only)

Date(s) of Leave requested: _____

Comments: _____

Signature of Employee

Signature of Administrator

Approved Denied

Vacation, Personal, and School Business Leave shall be requested in advance and approved before the absence. Sick Leave or Emergency Leave request should be filed as soon as possible. In every instance, it shall be the employee's responsibility to complete and execute this form.

Is Substitute Teacher required? Yes No

(Office Use Only)

If yes, please list the following information concerning the Substitute Teacher:

Substitute Teacher Name: _____

Check the proper response:

- Full Day
- 1 Period 2 Periods 3 Periods 4 Periods 5 Periods 6 Periods
- Certified Non-Certified

*Original form must be submitted to the Superintendent's Office