

SANTA ROSA CONSOLIDATED SCHOOLS

G-2555 EA PROFESSIONAL/SUPPORT STAFF SICK LEAVE FORM
ADOPTED DATE: 04/14/2005

SUPERINTENDENT MARTIN MADRID
REVISED DATE: 09/15/2022

LEAVE FORM ANNUAL/SICK/PERSONAL/PROFESSIONAL/COMP

NAME: _____ DATE: _____

POSITION: _____ BLDG. _____

ANNUAL/ SICK /PERSONAL /PROFESSIONAL /COMP

NO. OF DAYS ON LEAVE: _____ DATES: _____

REASON FOR DAYS OFF: _____

DOCUMENTATION ATTACHED: _____

SIGNED: _____

Person Requesting Leave

APPROVED

DISAPPROVED _____

Principal/Supervisor

ALL LEAVE REQUESTS, WITH THE EXCEPTION OF SICK LEAVE, MUST BE SUBMITTED TO
SUPERINTENDENTS OFFICE THREE DAYS PRIOR TO FINAL APPROVAL.