Employee Leave Request Form

Employee Name_____ Date _____

Campus _____ _____

REASON FOR LEAVE

☐ Sick - Self ☐ Sick - Family ☐ Sick – Dr. Appointment

☐ Family and Medical For _____

☐ Funeral – Relationship: _____

☐ Other _____

LEAVE REQUESTED

From (Date) _____

To (Date) _____ Total Number of Days Requested _____

Other _____

_____

_____

Employee Signature_____ Date _____

Principal Signature_____ Date _____

SUPERINTENDENT USE ONLY

Comments: _____

_____

_____

Approved By:

Superintendent/Deputy Superintendent

_____ Date_____