Employee Leave Request Form

REASON FOR LEAVE REASON FOR LEAVE Sick - Self Sick - Family Sick - Dr. Appointment Family and Medical For Funeral - Relationship: LEAVE REQUESTED From (Date) To (Date) To (Date) Other Employee Signature Date
Sick - Self Sick - Family Sick - Dr. Appointment Family and Medical For Funeral - Relationship: LEAVE REQUESTED From (Date) To (Date) To (Date) Other Employee Signature Date
Family and Medical For Funeral – Relationship: LEAVE REQUESTED From (Date) To (Date) Other Employee Signature Date
Family and Medical For Funeral – Relationship: LEAVE REQUESTED From (Date) To (Date) Other Employee Signature Date
Funeral – Relationship: LEAVE REQUESTED From (Date) To (Date) Other Employee Signature Date
Cother
From (Date) To (Date) Other Employee Signature Date
From (Date) To (Date) Other Employee Signature Date
To (Date) Total Number of Days Requested Other Employee Signature Date
To (Date) Total Number of Days Requested Other Employee Signature Date
Other
Employee SignatureDate
Deire sing al. Cinna atoms
Principal SignatureDate
SUPERINTENDENT USE ONLY
Comments:
Approved By:
Superintendent/Deputy Superintendent
Date_