



## LEAVE REQUEST FORM

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_ BUILDING: \_\_\_\_\_

DATE(S) OF LEAVE: \_\_\_\_\_

### TYPE OF LEAVE REQUESTED:

SICK	
PERSONAL	
VACATION	
PROFESSIONAL	
BEREAVEMENT	
JURY DUTY	
MATERNITY	
FMLA	
WITHOUT PAY	

REASON FOR LEAVE: \_\_\_\_\_

- Refer to the provisions in your collective bargaining agreement/personal contract for terms of use.
- Attach all pertinent documentation to this form (E.g. doctors notes, letters, summons for jury duty)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_