

REQUEST FORM FOR PERSONAL LEAVE

ADMINISTRATIVE APPROVAL SECTION:

Prior Days Used: _____

Principal's Signature: _____ Date _____

Approved _____ Not Approved _____

Superintendent's Signature: _____ Date _____

EMPLOYEE SECTION: *Employee must fill out **BOTH** portions of this section.*

** Leave must be requested FIVE days prior to leave date.*

** Personal leave will not be granted as an extension of a scheduled holiday on the school calendar.*

** Bottom half of this section will be returned to employee after Superintendent's approval.*

Today's Date: _____

Person Requesting **PERSONAL** Leave: _____

Date of Requested Leave: _____
(Optional)

Person Requesting **PERSONAL** Leave: _____

Date of Requested Leave: _____
(Optional)

Days Remaining After This Leave is Taken: _____

Approval of your leave has been granted when you receive this part of the form back.