



Leave Request

Your Contact Information

First Name **Last Name**

Phone

What type of leave is this for?

Sick/Medical **Personal** **Educational:** _____

Other (Jury, Bereavement, etc.): _____

Will you need a substitute?

No **Yes (Special Request Sub Name):** _____

Yes (Any available substitute)

General information

Today's Date:

Date(s) of Leave:

Substitute Times:

Full Day **Partial Day: Hours:** _____

Signature of Employee: _____

To be filled out by administration:

This request for leave is in compliance with the Leave Agreement and is hereby granted.

*This request for leave is **NOT** in compliance with the Leave Agreement and is hereby denied.*

*This request for leave is **NOT** in compliance with the Leave Agreement, but is hereby granted by waiver requiring a **salary deduction** equal to the current amount paid to a substitute teacher.*

Signature of Principal: _____

Signature of Superintendent: _____