

Certified Leave Request

Employee Information:

Name: _____

School: _____ Date(s) of absence: _____

Type of leave:

- Personal Administrative Vacation Association
 Public Service Family Medical Bereavement Leave w/out pay
 Sick Leave Sport/Club Activity: _____

If Professional, Association, or Public Service, please note the activity:

Substitute Required: Yes No If NO, please indicate employee covering your class and class period:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

All day: Half day: _____

Date Needed: _____ Times: _____ Times: _____

Duties on this day: _____

Specific Sub Requested: _____

Personal/Vacation (48 hour advance notice), please fill in info:

Number of days: _____ Dates: _____

Supervisor: _____

_____ The above leave is approved with pay. _____ The above leave is approved without pay.

_____ The above leave is denied. Explain: _____

Employee Signature: _____ Date: _____

Supervisor/Principal Signature: _____ Date: _____