

Leave Request

Employee's Name: _____

Date of Request: _____

Date of Leave: _____

Type of Leave: _____

Leave End Date: _____

Reason(s) for Requested Leave: _____

Approved

Disapproved

Employee's Signature

Principal's Signature

Approved

Disapproved

Superintendent's Signature

* Approval of the Superintendent is required for Emergency Leave and Administrative Absences.