

\_\_\_\_\_  
NAME OF PERSON MAKING REQUEST

\_\_\_\_\_  
TODAY'S DATE

I am requesting the following day (s)

Dates expected to be absent:

Conference Day

\_\_\_\_\_

Personal Day (request at least 24 hours in advance except in cases of emergency)

\_\_\_\_\_

Sick Leave (Personal illness or injury and medical or dental appointments which cannot be scheduled at any other time. Up to 5 days may be used for immediate family.)

\_\_\_\_\_

Self       Family

Leave of Absence with Pay

\_\_\_\_\_

Leave of Absence without Pay

\_\_\_\_\_

Comments:

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING REQUEST

Principal's Approval : \_\_\_\_\_ Date: \_\_\_\_\_

Substitute: \_\_\_\_\_

District Office Approval : \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Employees will receive one sick leave day per month worked and three personal days per year.