

**LEAVE REQUEST FORM**

Note: **Each leave listed on this form is explained in the appropriate contract.** Prior to making the request, **individuals should review the contract** to insure that the request is in order. If you have any questions about eligibility, please consult with your principal or supervisor.

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

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

TYPE OF LEAVE REQUESTED: (Please indicate the type of leave requested and, where applicable, whether the leave is to be with or without pay.)

\_\_\_\_\_ PERSONAL

\_\_\_\_\_ EXTENDED LEAVE\*\*

\_\_\_\_\_ MISCELLANEOUS/SPECIAL  
WITHOUT PAY\*\*

\_\_\_\_\_ JURY DUTY

\_\_\_\_\_ MISCELLANEOUS WITH PAY\*\*

\_\_\_\_\_ VACATION - PAID

\_\_\_\_\_ FUNERAL (appropriate family member)

\_\_\_\_\_ DISABILITY

**\*\*Include written explanation.**

Date(s) Requested: \_\_\_\_\_

Substitute Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for request (where applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's/Supervisor's Recommendation:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent's Recommendation:

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied

Signature \_\_\_\_\_

Date: \_\_\_\_\_