

BABOQUIVARI USD 40

LEAVE REQUEST/REPORT OF ABSENCE

To: _____ Date/Time Reported _____

Name: _____

School/Dept. _____

With exception of LEAVE due to illness, requests MUST be submitted 4 days—personal leave or 20 days—professional leave and vacation leave (12 month employee only) prior to date of leave.

Requested Leave Date (s) and Time(s) _____

Reason for Absence

Personal (sick) Leave

Vacation Leave

Jury Duty/Court
(Attach copy of verification form)

Professional Leave _____
(Attach supporting documents)

Bereavement

Other _____

DUTY COVERAGE: If you have assigned duty, it is your responsibility to secure a duty substitute.

A.M. Duty _____

P.M. Duty _____

Extended Duty _____

Paid Duty _____

To assist in the communication among department staff, please notify OFFICE MANAGERS/SUPERVISOR of your absence.

Leave Approved

Leave NOT Approved

Supervisor's Signature _____

Date _____

When requesting professional leave, Superintendent's approval required (Policy GCCE).

PROFESSIONAL LEAVE APPROVAL BY SUPERINTENDENT:

Professional Leave Approved

Professional Leave NOT Approved

Signature _____

Date _____