

**Santa Cruz Elementary School District No. 28
LEAVE REQUEST FORM**

Today's Date: _____

Employee's Name

Position

Site

I wish to take

(List date[s] or hour[s] for a partial day)

My absence should be recorded as: (check an appropriate category)

SICK LEAVE

EARNED VACATION TIME

SCHOOL BUSINESS

BEREAVEMENT LEAVE

JURY DUTY

MILITARY TRAINING

PERSONAL LEAVE

LEAVE WITHOUT PAY

EMERGENCY FAMILY MEDICAL LEAVE

OTHER (Attach written request)

*If leave is for other than sick leave or earned vacation time, please add or attach an explanation:

I understand that whenever possible, this form should be completed and submitted as early as possible. **I also understand that under certain conditions, if a replacement cannot be found for me, my leave may be denied.**

Employee Signature

Date

Approved by Supervisor/Principal

Date

Approved by Superintendent

Date

(For Office Use Only)

Guest Teacher Preference(s):

Special instructions, circumstance or information:

Substitute obtained _____

Request Approved

Notified:

Denied
