

Request for Leave / Report Leave

Name _____

Date requested to be absent _____ Site _____
To be absent from _____ am/pm to _____ am/pm Total hours to be absent _____

Type of Absence (check one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Vacation | <input type="checkbox"/> Jury Duty Summons |
| <input type="checkbox"/> Industrial Accident* | <input type="checkbox"/> Maternity Leave* | <input type="checkbox"/> Comp Time (earned)* |
| <input type="checkbox"/> Personal Necessity* | <input type="checkbox"/> Conference* | <input type="checkbox"/> Comp time (Used)* |
| <input type="checkbox"/> Leave without pay** | <input type="checkbox"/> Contract Day | <input type="checkbox"/> Non Contract Day |
| <input type="checkbox"/> District/School Release* | | |
| <input type="checkbox"/> Bereavement (please indicate relationship) _____ | | |
| <input type="checkbox"/> Other (please list) _____ | | |

Reason for request (* Needs explanation ** Needs prior approval) _____

Employee Signature _____ Date _____

Notes: _____

Immediate Supervisor's Signature _____ Date _____

Approved Not Approved Reason _____