

# LEAVE of ABSENCE Request Form



## Personal – Professional – Sick/Maternity

Please Print:

Employee's Full Name \_\_\_\_\_ School \_\_\_\_\_

Request is hereby made for \_\_\_\_\_ day(s) Date(s) \_\_\_\_\_

**PERSONAL LEAVE**  
(check all that apply)

Day 4  Day 5

Will you need a Sub?

**Personal Leave Days 4 & 5**  
Your signature serves as your acknowledgment that a daily substitute fee will be deducted from your next month's payroll.

**PROFESSIONAL LEAVE**

Purpose of Professional Leave \_\_\_\_\_

Location \_\_\_\_\_

Will you need a Sub?

**Funding Source for Sub:**  
 School Allocation for PD  
 Other (specify) \_\_\_\_\_  
\_\_\_\_\_

No Sub Employed

**SICK/MATERNITY LEAVE**  
For Maternity Leave, or Sick Leave expected to last more than 5 days, will you be using:

Sick Days  
 Vacation Days  
 Personal Days  
 FMLA/Catastrophic (once Board Approved)

If applicable, attach the **FMLA & Catastrophic Sick Leave Request**, along with the appropriate supporting **Physician's Form**

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Principal's Signature \*\* Date

Approved:  Disapproved

\_\_\_\_\_  
Superintendent's Signature Date

Approved:  Disapproved

Day 5 only \_\_\_\_\_

\*\* Send to: Dayna Borden – Sick Leave, FMLA/Catastrophic form, Dr. Note, 5<sup>th</sup> Personal Day  
Laura Johnston – 4<sup>th</sup> Personal Day, Professional Leave