

REQUEST for LEAVE

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

PERSONAL DAYS

___ Day 4 ___ Day 5

Principal's Signature ** _____ Date

___ Approved: ___ Disapproved

Superintendent's Signature _____ Date

Day 5 only _____

___ Approved: ___ Disapproved Med

** Send to: Ginger Collins – Sick Leave, FMLA/Catastrophic form, Dr. Note, 5th Personal Day
Tina Thompson – 4th Personal Day, Professional Leave