



REQUEST FOR LEAVE / CANCELLATION OF REQUEST

Please submit separate leave requests within designated pay periods.
All advance leave requests must have prior approval.

Employee Type:

Employee Name: _____ Teacher Administration Support

Date(s) of Requested Leave: _____

Amount of Leave Time Requesting (absences are recorded in 1/4 increments only):

¼ day ½ day ¾ day 1 day Other _____ days

Leave Type:

- Sick Leave Vacation Bereavement Leave
- Personal Leave* Military Order Relation: _____
- Professional Leave** Jury Duty Leave Floating Holiday
- Field Trip** Family Medical Leave (FMLA) Holiday: _____

*Granted for personal reasons or for conducting personal business that cannot be taken care of outside of the regular school hours. Personal leave may not be used to extend a vacation or at the beginning or end of the school year except when approved by the Superintendent in extenuating circumstances. Employees will not be required to provide reasons for using said leave, but advance notice is required.

Superintendent's Signature Date Approved Not Approved

**Provide Rationale: _____

Substitute Needed: Yes No **Amount of Coverage Needed:** _____

Substitutes may be scheduled for your time away to match the amount of leave time requested above. We will be unable to reduce the substitutes scheduled time should you return earlier than expected on that day.

Employee Signature **Date** **Supervisor Signature** **Date**

CANCELLATION OF REQUEST

I would like to cancel the above leave request.

Brief reason for cancellation: _____

*Please note: If you would like to change the **type of leave** or **duration of the leave**, you will have to cancel this leave request and complete a new Request for Leave form.*

Employee Signature **Date** **Supervisor Signature** **Date**