

LEAVE REQUEST

Budget Code Required: _____

I hereby request that I be granted leave for _____ days. From _____ to _____. I will return to work on _____.

I request leave for the following reason:

Certified (Licensed) Personnel

- _____ *Sick Leave
- _____ Annual Leave – No Sick Leave Deduct
- _____ Personal Leave – Accumulated Missed Prep Time
- _____ *Personal Business – Sick Leave Deduct
- _____ *Conference or Visitation
- _____ *Community Service
- _____ *School Related Activity
- _____ *Other

Classified (Support Staff) Personnel

- _____ *Sick Leave
- _____ Annual Leave – No Sick Leave Deduct
- _____ Personal Leave – Comp Time
- _____ *Personal Business – Sick Leave Deduct
- _____ *Conference or Visitation
- _____ *Community Service
- _____ *School Related Activity
- _____ Vacation
- _____ *Other

This information must be completed before form is forwarded to Central Office
(*Limited to two (2) annually)

Days Available Prior to Request	
**Annual Leave Used (Annual Leave Deduct)	_____
**Personal Leave (Accumulated Missed Prep Time)	_____
**Personal Leave (Comp Time)	_____
**Personal Business (Days Used – Sick Leave Deduct)	_____

***EXPLANATION NEEDED:**

(Attach additional sheet if necessary)

Personal business leave or annual leave shall not be taken immediately before or after a holiday or vacation period without the prior approval of both the Principal and the Superintendent.

Signature

Date

Please Print Name

Approved - Principal

Date

Disapproved - Principal

Date

Approved-Superintendent (if needed)

Date

Disapproved - Superintendent (if needed)

Date

CENTRAL OFFICE USE ONLY

_____ Full Deduct _____ Substitute Deduct _____ Sick Leave Deduct _____ No Deduct _____ SRA _____ Vacation