Leave-of-Absence Request Record

Instructions: The employee seeking a leave-of-absence shall complete this form as his/her formal request. This form shall be completed at least four (4) weeks prior to the requested leave-of-absence and shall be returned to the Peronnel Department. **Employees MUST MAKE AN APPOINTMENT with the Payroll Clerk to discuss the leave of absence prior to approval.** If additional space is needed, use back of form.

TO BE COMPLETED BY EMPLOYEE School Year

Employee Name _____ Employee Number _____

Employee Position _____ School _____

Telephone Numbers: Home _____ Work _____

Reason for Leave-of-Absence _____

_____

_____

Proposed dates for Leave-of-Absence _____

Proposed Return to Work Date _____

Employee Signature _____ Date _____

TO BE COMPLETED BY PRINCIPAL

Substitute Required: ☐ Yes ☐ No Name of Substitute _____

Supervisor Signature _____ Date _____

TO BE COMPLETED BY PAYROLL CLERK

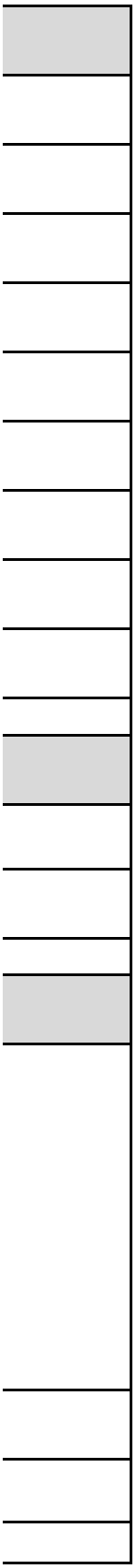
Number of Sick Leave Days to be utilized: _____

Number of Personal Leave Days to be utilized: _____

Number off Off Contract Days required: _____

Substitute Daily Rate of Pay: _____

PR Clerk Signature _____ Date _____

☐ APPROVED ☐ DENIED	_____	_____
	Signature of Superintendent/Designee	Date

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