_____School Employee Leave Request

Date form submitted:		Date form submitted:	
Name:	Position:	Name:	Position:
Date(s) of requested absence:	□ Full Day or □AM □PM	Date(s) of requested absence:	□ Full Day or □AM □PM
Please check type of leave:		Please check type of leave:	
☐ Sick Leave		☐ Sick Leave	
□ Personal Leave		☐ Personal Leave	
☐ Professional Leave (attach completed Professional Leave Request w/ documentation)		☐ Professional Leave (attach completed Professional Leave Request w/ documentation)	
☐ Jury Duty (attach documentation)		☐ Jury Duty (attach documentation)	
☐ Other (explain)		☐ Other (explain)	
Employee Signature:		Employee Signature:	
Leave/Substitute Confirmation		Leave/Substitute Confirmation	
Substitute scheduled:		Substitute scheduled:	
Signatures:		Signatures:	
Permanent Substitute:		Permanent Substitute:	
Date:		Date:	
Bookkeeper:		Bookkeeper:	
Date:		Date:	
Principal:		Principal:	
Date:		Date:	

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