



## LEAVE REQUEST

Name: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

All Day     Partial Day (Hours \_\_\_\_\_)

### **TYPE OF LEAVE**

### **Reason for Leave Request (Additional Info)**

Sick/Doctor Appointment

\_\_\_\_\_

Personal Day

\_\_\_\_\_

Bereavement

\_\_\_\_\_

Job Related

\_\_\_\_\_

Other

\_\_\_\_\_

### **Administrative Use Only**

Principal Approval \_\_\_\_\_ Date \_\_\_\_\_

Substitute Plan \_\_\_\_\_