

# Classified Leave Request

## Employee Information:

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

School: \_\_\_\_\_ Date(s) of absence: \_\_\_\_\_

## Type of leave:

- Personal       Administrative       Vacation       Association  
 Public Service       Family Medical       Bereavement       Leave w/out pay  
 Sick Leave       Sport/Club Activity: \_\_\_\_\_

If Professional, Association, or Public Service, please note the activity:

\_\_\_\_\_

**Substitute Required: Yes No If NO, please indicate employee covering your class and class period:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

All day:       Half day:

Date Needed: \_\_\_\_\_ Times: \_\_\_\_\_ Times: \_\_\_\_\_

Duties on this day: \_\_\_\_\_

Specific Sub Requested: \_\_\_\_\_

**Personal/Vacation (48 hour advance notice), please fill in info:**

Number of days: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_

\_\_\_\_\_ The above leave is approved with pay. \_\_\_\_\_ The above leave is approved without pay.

\_\_\_\_\_ The above leave is denied. Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_