

**REQUEST FOR LEAVE SLIP**

<b>NAME</b>	<b>SCHOOL OR DEPARTMENT</b>	<b>Employee ID</b>
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I am requesting leave and/or an approved absence on the following dates:

Sick Leave: _____ days    hours    (please select one)	Dates Absent
Annual Leave (12 month employees): _____ days    hours    (please select one)	Dates Absent
Personal Leave (10/11 month employees): _____ days    hours    (please select one)	Dates Absent
Professional Leave*: _____ days    hours    (please select one)	Dates Absent
Civil Leave/Jury Duty**: _____ days    hours    (please select one)	Dates Absent
Other Leave***: _____ days    hours    (please select one)	Dates Absent

\*Explain Professional Leave taken and/or attach Professional Leave form.

\*\*Attach stamped receipt or letter of attendance for Civil Leave/Jury Duty .

\*\*\*Explain Other Leave taken

**NOTE: C/D/M/X Scales - leave may be taken in HOURS  
A/E/G/T/P Scales - leave may be taken in 1/2 DAY increments**

NOTE: Principals taking Annual Leave: please note on the back of this form the name, address, and phone number of the person responsible for your building during your absence.

<b>SIGNATURE OF EMPLOYEE</b>	<b>DATE OF SIGNATURE</b>
<b>SIGNATURE OF IMMEDIATE SUPERVISOR</b>	<b>DATE OF SIGNATURE</b>
<b>SIGNATURE OF DIVISION SUPERINTENDENT (FOR ADMINISTRATOR'S ANNUAL LEAVE IN EXCESS OF TWO WEEKS)</b>	

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