

# Employee Leave Request

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Name	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Work Location
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Type of leave requested:

**Leave Without Pay: (Give specific reason)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of leave: (indicate if half day **and** if a.m. or p.m.)

\_\_\_\_\_

**Military Leave:** \_\_\_\_\_

\_\_\_\_\_

Date(s) of leave: (indicate if half day **and** if a.m. or p.m.)

\_\_\_\_\_

**APPROVED:** \_\_\_\_\_                      **DENIED:** \_\_\_\_\_

**CHECK ONE:**

For leaves less than five (5) months (not on board agenda)

For leaves of five (5) months or more (placed on Board Agenda)

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ HR Director/School Attorney*	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Deputy Superintendent Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Assistant Superintendent/CTO Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Program Administrator Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> ▲ Date

**After signatures are complete, please return this form to Personnel.**

- Fully approved forms will be copied and sent to:
- Payroll,
  - the employee; and
  - employee's personnel file.