

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
--	---

Type of leave requested:

*Leave Without Pay: (Give specific reason)

Reason: _____

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

Military Leave: Provide documentation for leave

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

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 Director/School Attorney*

▲ Date

▲ Deputy Superintendent Signature

▲ Date

▲ Assistant Superintendent/CTO Signature

▲ Date

▲ Program Administrator Signature

▲ 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.