

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)

 ▲ Employee Signature

 ▲ Date

 ▲ 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 attached to Personnel Change Form in InformedK12