

LEAVE OF ABSENCE FORM

Name: _____ Date Submitted: _____

Position/Location: _____ Substitute Required: Yes _____ No: _____

I request a leave of absence on the following day(s):

Dates Being Requested		Number of Days Allotted	Number of Days this Request	Number of Days Previously Used	Number of Days Left in Allotment
	Personal Day(s)				
	Vacation Day(s)				
	Death				
	Other				

Approved _____ Disapproved _____ Date: _____
Principal/Supervisor

Approved _____ Disapproved _____ Date: _____
Business Administrator

Approved _____ Disapproved _____ Date: _____
Superintendent

Requests should be made as soon as possible before the expected day of absence (at least two days in advance).
Vacation requests must be made at least **two weeks** in advance.