

EMPLOYEE LEAVES AND ABSENCES

Employee's name: _____

School: _____

Date(s) requested: _____

Signature (employee)

Date

Please give explanation for making request.

Doctor's signature

Date

Approved

Disapproved

Principal/Immediate supervisor's signature

Date

Superintendent's signature

Date

** Leave with or without pay will not exceed 91 calendar days in any school year and is not to extend beyond the immediate school year.

Submit one copy of request to the office of superintendent - a copy will be returned to the principal or immediate supervisor with approval or disapproval noted.

Adopted 3/85; Revised 1/23/90, 12/3/02