

LEAVE FORM and/or SUBSTITUTE REQUEST

Name: _____ Date: _____

PLEASE COMPLETE SECTION A,B,C OR D

NOTE: All types of leave require advance approval, unless reason for leave is unforeseeable.

A. Paid Leave:

- Sick Personal Vacation
- Floating Holiday Jury Duty Military
- Workers Compensation Maternity/Parental/Adoption Leave
- Bereavement Relationship to Decedent: _____

B. Paid Professional:

- Professional - Elective [ProfSelf]
- Professional - Assigned by Principal, Special Services Coord or Superintendent [ProfReq]

Assigned by Whom: _____

Purpose: _____

Requested By: _____

(Print)

(Signature)

C. Paid Regular Duties Outside of Classroom:

- Local Standards Board Assessments Offsite Learning Opportunities
- Association Collaborative Work

D. Unpaid Leave:

- Long Term Professional Leave Long Term Medical Leave

Date and Time Requested:

Date: _____

Full, Half, or Qtr Day: _____

Time (example: 12:00-2:45): _____

DO YOU REQUIRE A SUBSTITUTE? YES NO

Specify Hours/Class Periods a Sub is Required: _____

(On reverse: indicate Duties and Free Time)

Is there a specific sub(s) you would like scheduled (If Available): _____

Signatures:

Employee Requesting Leave

Date

Principal Approval

Date