

# Craig City School District LEAVE REQUEST

EMPLOYEE NAME \_\_\_\_\_

CHECK MONTH

JAN	FEB
MAR	APR
MAY	JUN
JUL	AUG
SEP	OCT
NOV	DEC

Leave must be approved in advance if previous knowledge permits or immediately upon return to work.

Type of Leave Requested:

- Sick Leave
- Personal Leave
- Jury Duty
- District Business
- Leave without Pay
- Other

Purpose: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Purpose: \_\_\_\_\_

Total Days Requested: \_\_\_\_\_

I UNDERSTAND THAT EXCEPT IN EMERGENCY, LEAVE MUST BE PROPERLY APPROVED IN ADVANCE AND THAT I AM PERSONALLY RESPONSIBLE FOR REPORTING ALL ABSENCES FROM MY DUTY.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### SUPERVISOR'S RECOMMENDATION

Mark 1/2 square for 1/2 day, complete square for full day.				
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31				

APPROVED  A substitute is not needed for this absence.  
 A substitute will need to be retained for this absence  
 Supervisor's preference for substitute \_\_\_\_\_  
(Sub Name)

DISAPPROVED

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Superintendent's Approval

APPROVED This leave request falls within the guidelines of district approved leave.

DISAPPROVED This leave request does not fall within the guidelines of district approved leave.

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Assigned Substitute