



LEAVE REQUEST FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ 20\_\_

SCHOOL / DEPARTMENT: \_\_\_\_\_

EMPLOYEE GROUP: Early Childhood Educator Educational Assistant Noon-Hour Aide
Office/Administration Staff Principal/Vice-Principal Teacher
Other: \_\_\_\_\_

LEAVE REQUEST (Check where applicable and explain below)
Personal Leave Compassionate Leave Leave Without Pay
Special Leave Funeral (State Relationship: \_\_\_\_\_)

For the following reason(s): \_\_\_\_\_

ABSENCE from duties, on the following date(s):

\_\_\_\_\_
\_\_\_\_\_

TOTAL number of days absent: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

.....
THIS SECTION - FOR OFFICE USE ONLY

DATE: \_\_\_\_\_  APPROVED  NOT APPROVED

REMARK(S): \_\_\_\_\_

\_\_\_\_\_  
Signature of Director / Designate