



**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