

SUPPORT STAFF

Revised 7/1/2008

REQUEST FOR LEAVE OF ABSENCE

The undersigned does hereby request a leave of absence day pursuant to Sections 4.9, 4.10, 8.1, 8.2, 8.3, and 8.6 of the Collective Bargaining Agreement. 1/2 Full

I request a leave of absence during the timeframe of _____.

Sick Day (8.1) (If known ahead of time – Drs Note after 3 days)

Approved Disapproved Initials _____
Principal

Personal (8.2) (2 per yr, 48 hr prior notice)

Approved Disapproved Initials _____
Principal Superintendent

Unpaid Leave (8.3) (School Board approval required)

Approved Disapproved Initials _____
Principal Superintendent

Bereavement (8.6) (2 per incident – Family Only – spouse, children, step-children, grandchildren, parents, grandparents, brothers, sisters, brother in-law, sister in-law, father in-law, mother in-law, uncle, aunt, niece, nephews, and first cousins.

Approved Disapproved Initials _____
Principal

Vacation (4.9)

Approved Disapproved Initials _____
Principal Superintendent

Holiday (4.10) _____
(Holiday taken during summer)

Approved Disapproved Initials _____
Principal Superintendent

Other _____ Initials _____

Approved Disapproved Principal Superintendent

Signature _____

Date _____

Administrator Signature _____

Date _____

Superintendent Signature _____

Date _____

Email of person submitting request: _____