

Today's Date: _____

Teacher Leave Request

	Reason for Absence	Circle One
Name: _____	Personal	AM
	Professional	PM
Date(s) Requested: _____	Sick	All day

Do you need a sub that day? Yes No

For half day coverage, what hours do you need covered? _____

Do you need PD Committee approval? Yes No

This section to be completed by the Principal/Supervisor
Leave is considered by Supervisor as:

_____ Granted (meeting policy requirements)
_____ Not Granted (does not meet policy requirements)

Signature: _____

Date: _____

Policies 4000 (Personnel Services) provides information on all board policies related to teacher leave. Please refer to these policies when making decisions about leaves.

This section is for the Superintendent for all leaves other than personal:

_____ Approved

_____ Not Approved

Signature: _____ Date: _____
