

ADMIN/SUPER-TECH/ LICENSED LEAVE REQUEST

Administrator Supervisor/Specialist Licensed

Name _____ Employee ID Number _____
(Print)

School/Location _____ FTE _____

Type of Leave Requested:

- Personal Bereavement (please indicate relationship)
- Personal from Sick (Licensed Only) Leave Without Pay (needs preapproval by Human Resources)
- Family Illness (please indicate relationship) Other _____

For Parental Leave only:	Is your Spouse a District Employee who is also requesting leave for the same purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I request _____ day(s) or _____ hour(s)

Date(s) _____

Reason for this request: Must include relationship for Family Illness or Bereavement. No reason is required for a Personal Leave day.

Signature of Employee Date

Signature of Principal/Supervisor Date

Human Resources: Approve Disapprove

Comments: _____

Human Resources Date

- Human Resources Payroll Building Employee