

Hillsboro School District Form

Leave Request

Ad	ministrator	Superv	risor/Speci	alist	Liceı	nsed	
					nployee		
Name	(Print)			ID	Number _		
	(Print)						
School/Location	n				FTE _		
Type of Leave							
Requested:	Personal		Bereave	ement (ple	ease indicate rela	ationship)	
	Family Illr	ness	☐ Leave V	Vithout F	Pay		
	(please indicat		(needs prea	approval by	Human Resource	es)	
			Other _				
For Parental	Is your Spouse a	Dictrict Em	nlovoo who	ic			
Leave only:	also requesting le				Yes	□ No	
200.000123	uiso requesting it		buille pui p		1es	NO	
I request	day(s	s) or		hou	ır(s)		
Date(s)							
Reason for this request:	Must include relat required for a Per			ss or Bere	eavement. 1	No reason is	
Signature of Employee				Date			
	Signature of Princip	al/Supervisor			Da	ate	
Human Resor	urces:	Approve		Disap	prove		
Comments:							
_							
Human Resources Date							
Human Resources Payroll Building Employee							
HR108 Leave Request Rev. 02/16/10							