

CERTIFIED

PHS LEAVE REQUEST FORM

SUPPORT

Employee _____ Employee Number _____

I am requesting leave for the following day(s) listed below:

| Type of Leave Requested | Date(s) M/D/Year | SUB Required | | Check one: | | Paid By (If Applicable) |
|---|---------------------|--------------|----|-------------------|--------------|----------------------------|
| | | YES | NO | Half Day AM/PM | Whole Day | |
| Annual/Vacation Leave ✓ 12 Month Employees ONLY | | | | | | |
| Personal Leave | | | | | | |
| Sick Leave | | | | | | |
| Unpaid Leave | | | | | | |
| Other (To be approved by Bookkeeper) | | | | | | |
| Legal Absence-Subpoena/Jury Duty ✓ Must include Documentation | | | | | | |
| Professional Development ✓ Must include "Paid By", Workshop Approval/Travel Request Form to Bookkeepers. | | | | | | |
| Field Trip ✓ MUST include info for "Paid By" column and include simple explanation below with destination. _____ _____ | | | | | | |

Will days be utilized by or used for: Extended Leave Of Absence? Yes No
(If so, see Bookkeeper)

Catastrophic Leave? Yes No

EMPLOYEE SIGNATURE _____ DATE _____

APPROVED

DENIED _____
Signature of Principal Date