

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.

I request a leave of absence ___1/2 day ___full day (Date)_____
a.m. p.m.

Sick Day Personal Unpaid Leave Vacation

Other:_____

Sub Needed: Yes_____ No _____ Grade Level

Bereavement(2) per incident - Family Only - spouse, children, step-children, grandchild, parents, grandparents, brothers, sisters, brother in-law, mother in-law, uncle, aunt, niece, nephews and first cousins. Does the bereavement leave request qualify under the definition identify as "Family Only"? _____

Relationship to the deceased:_____

Sub Needed: Yes_____ No _____ Grade Level

Courtesy Leave (2): Date_____ Period:_____

Who is Covering:_____

Approved Disapproved Initials

Signature

Date

Email Address

Administrator Signature

Date

Superintendent Signature

Date