

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. Sub needed: yes no Grade Level:

I request a leave of absence 1/2 day _____ or full day _____ during the timeframe of _____.

Sick Day (8.1) (Doctors Note after 3 days) Principal/Superintendent
 Approved Disapproved Initials _____

Personal (8.2) (2 per yr, 48 hr prior notice)
 Approved Disapproved Initials _____

Unpaid Leave (8.3) (School Board approval required)
 Approved Disapproved Initials _____

Bereavement (8.6) (2 per incident – Family Only – spouse, children, step-children, grandchildren, parents, grandparents, brothers, sisters, brother in-law, sister in-law, father in-law, mother in-law, uncle, aunt, niece, nephews, and first cousins.

Does the bereavement leave request qualify under the definition identified as “Family Only”? _____

Relationship to the deceased: _____

If the bereavement request does not qualify as “Family”, do you wish to use a personal day? _____

Approved Disapproved Initials _____

Vacation (4.9)
 Approved Disapproved Initials _____

Holiday (4.10) _____
(Holiday taken during summer)
 Approved Disapproved Initials _____

Other Leave _____ (School Related, Prof. Development)
 Approved Disapproved Initials _____

Signature Date Email Address

Administrator Signature " Date

Superintendent Signature " F cvg