

LEAVE REQUEST FORM

SUB FINDER # _____

NAME: _____ Bus # _____

Position (Circle one): School Bus Driver / Monitor Hours worked per day: _____

Please list any mid-day or after school runs:

Number of Days Requested: _____ Number of Hours: _____ AM or PM (circle)

Date(s) requested: _____

Please give explanation for request: _____

Please circle type of leave requested:

Personal Leave **(must be requested 3 days in advance)**

Personal Illness

Family Illness

Bereavement

Jury Duty

(Please note that personal leave taken before /after a holiday or on any day deemed critical will be on leave without pay status)

Employee Signature: _____ Date: _____

Approved: _____ Disapproved: _____

Supervisor: _____ Date: _____

Transportation Director: _____ Date: _____

IF YOU ARE PARKING YOUR BUS AT HOME OR AT AN OFF SITE LOCATION AND ARE REQUESTING LEAVE, IT IS YOUR RESPONSIBILITY TO RETURN YOUR BUS TO THE SHOP PRIOR TO YOUR LEAVE DATE