

# LELAND SCHOOL DISTRICT LEAVE REQUEST

(Only If Leave Time Is Available)

|   |                         |                |
|---|-------------------------|----------------|
| EMPLOYEE NAME:  | SCHOOL:                 | GRADE/SUBJECT: |
| DATE(S) OF ABSENCE:   | NUMBER OF DAYS ABSENCE: |                |
| REASON FOR ABSENCE: SICK ___ PERSONAL ___ *PROFESSIONAL ___ OTHER ___ |                         |                |
| EXPLANATION:  |                         |                |
|   |                         |                |
|   |                         |                |
|   |                         |                |

|   |
|---|
| SUBSTITUTE NEEDED:      YES _____      NO _____ |
| EMPLOYEE SIGNATURE: _____ DATE: _____           |
| PRINCIPAL'S SIGNATURE: _____ DATE: _____        |

## CENTRAL OFFICE (FOR CENTRAL OFFICE USE ONLY)

### \*FOR PROFESSIONAL LEAVE ONLY

ATTACH BROCHURE OR OTHER DESCRIPTIVE LITERATURE FOR PROFESSIONAL REQUEST.  
MUST SUBMITTED FIVE (5) DAYS PRIOR TO TRAVEL DATE.

WHEN SUBSTITUTE IS TO BE PAID BY A SPECIAL PROGRAM, CHECK APPROPRIATE BLANK BELOW.

\_\_\_\_\_ FEDERAL PROGRAM (SPECIFY I/II) \_\_\_\_\_ APPROVED BY \_\_\_\_\_

\_\_\_\_\_ SPECIAL EDUCATION -- APPROVED BY \_\_\_\_\_

\_\_\_\_\_ DISTRICT -- APPROVED BY \_\_\_\_\_

|              |                      |
|--------------|----------------------|
| APPROVED:    | CONDITIONS/COMMENTS: |
| DISAPPROVED: |                      |

SICK \_\_\_\_\_ PERSONAL \_\_\_\_\_ \*PROFESSIONAL \_\_\_\_\_ OTHER \_\_\_\_\_

BUSINESS OFFICE: INITIALS \_\_\_\_\_ ABOVE DAYS AVAILABLE \_\_\_\_\_ or NOT ABAILABLE: \_\_\_\_\_

AUTHORIZED APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERINTENDENT'S SIGNATURE: \_\_\_\_\_