

Eastern Local School District
REQUEST FOR LEAVE

EMPLOYEE'S NAME _____ DATE _____

TYPE OF LEAVE (CHECK ONE):

<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Professional (see below)*	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Vacation	<input type="checkbox"/> Personal with pay	<input type="checkbox"/> Jury Duty
	<input type="checkbox"/> Personal without Pay	<input type="checkbox"/> Other-explain _____

Dates requested: From _____ to _____ Total Days: _____

*Purpose of Professional Leave _____

Location: _____

Employee Signature

Substitute Signature

Principal Signature/Supervisor

Superintendent Signature
(*Professional and Personal Leave only*)

Date Approved _____

Date Approved _____

Date Disapproved _____

Date Disapproved _____

