

LEAVE OF ABSENCE FORM

Name _____ Date _____

All leaves follow the guidelines that have been established in the Master Agreements.

I request (check one)

- _____ *Personal Business Leave*
- _____ *Comp Day (Certified contract only)*
- _____ *Staff Development*
- _____ *Sick Leave: (i.e. medical appointments, ill, sick child)*
- _____ *Bereavement Leave (Certified contract)*
- _____ *Local funeral leave (maximum 2 hours within GFW district)*
- _____ *Other* _____

Beginning Date _____ Time _____

Ending Date _____ Time _____

Reason for request: _____

Signature

*****For office use only*****

Building Principal:

Substitute _____

- _____ Approved
- _____ Unapproved

Supervisor's Signature

Date