

Request for Leave of Absence

Date of Request _____

Person Making the Request: _____

Type of Request: *[mark and complete as needed]*

personal day Number of personal days used to date _____

vacation day/s Number of vacation days used to date _____

bereavement

union related business

emergency

prearranged sick day [dr appt, etc]

professional day

Date/s of Absence: _____

+++++

Substitute Needed: yes no

[Office: *Substitute Hired:*] _____

Approved:

y n _____ {principal}

y n _____ {supt}

Reason for Denial: _____

Office:

Personnel File

GS Secretary

Person Making Request