

WEST BRANCH-ROSE CITY AREA SCHOOLS

Date Received:

REQUEST FOR LEAVE ~ CERTIFIED STAFF

Name of Employee _____ Work Location _____

Job Classification _____ Number of Days Requested: _____

All dates should be within the same pay period – use a separate sheet for a different pay period

Day (ie: Monday)	Date:	All Day	or	Partial Day	Total Hours
			↔		
				AM PM	
				AM PM	
				AM PM	
				AM PM	
				AM PM	

Reason for Leave Request (Check, and fill in applicable lines)

- Illness
- Doctor Appointment
- Personal Business (reason):
*See Note at page bottom *** _____
- School Business (reason): _____
- Funeral (Relationship of Deceased): _____
- Other (Explain): _____
- Family Member illness
- Jury Duty (attach copy of juror selection letter)

EMPLOYEE SIGNATURE: _____ DATE: _____

Instructions: Complete this form and forward to your immediate supervisor.

FOR OFFICE USE ONLY:

Approved _____ Disapproved _____ Paid _____

Authorized: _____ Date Signed _____

**** It is understood that personal business days are not for the purpose of vacation or for business that can reasonably be conducted outside of the regular school day.
A teacher planning to use a personal day shall arrange with the building principal at least one (1) day in advance, indicating the reason.**