

REQUEST FOR LEAVE

NAME _____

DATE _____

Request is hereby made for leave from New Lima Public Schools for the following purpose:

_____ Sick Leave

_____ Personal Leave

_____ Bereavement Leave

_____ Jury Duty

Reason for Leave:

Leave will begin _____ at _____ a.m./p.m.
(Date) (Time)

Leave will end _____ at _____ a.m./p.m.
(Date) (Time)

Total number of work days or hours to be taken _____.

Signature of Employee

_____ Approved

_____ Disapproved

Principal's Signature

Date