

REQUEST FOR LEAVE FORM

Personal _____ **Religious** _____ **Military Duty** _____ **Association** _____ **Vacation (12 month employees only)** _____
Jury Duty _____ (complete after serving and attach copy of check stub)

Employee: _____ Building: _____

Position: _____ Function/Dept: _____

Date of Absence: _____

Full Day: _____

Partial Day: AM only _____ PM only _____

*A substitute will be needed: Yes _____ No _____

Are you on a timesheet? Yes _____ No _____

*I understand that it is my responsibility to enter my absence in AESOP and request a substitute if needed.

Employee's Signature

Administrator's Signature

*******(For Office Use Only)*******

APPROVED: YES _____

NO _____

Associate Superintendent Signature

Date

Original (Yellow): HR at Admin

Copy 1: Building

Copy 2: Employee