

## REQUEST FOR PERSONAL LEAVE

This form should be submitted to your immediate supervisor at least three (3) days prior to the requested date of leave, with the exception of an emergency situation. The supervisor should maintain completed forms.

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Department: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Requested by: \_\_\_\_\_  
Employee Signature

Denied \_\_\_\_\_ Reason Why \_\_\_\_\_

Approved \_\_\_\_\_ Signature \_\_\_\_\_  
Supervisor

Signature \_\_\_\_\_  
Superintendent

Approved by the Board of Education on **November 5, 1998**