



NOME PUBLIC SCHOOLS EMPLOYEE LEAVE REQUEST FORM

EMPLOYEE _____

Type of leave requested:

- SICK ANNUAL ACTIVITY
 PERSONAL ADMINISTRATIVE ASSOCIATION
 OTHER (explain)

Number of days requested: _____

Date(s) on leave status: _____

Date returning to work: _____

Reason: _____

EMPLOYEE'S SIGNATURE _____ DATE _____

AN ABSENT REPORT FORM MUST BE COMPLETED UPON RETURN TO WORK!!!

- APPROVED NOT APPROVED

SUPERVISOR'S SIGNATURE _____ DATE _____

ELIGIBLE LEAVE AVAILABLE

Type	Balance: hours/days	Type	Balance: hours/days
------	---------------------	------	---------------------

BUSINESS OFFICE SIGNATURE _____ DATE _____

- APPROVED NOT APPROVED

SUPERINTENDENT'S SIGNATURE _____ DATE _____

Original – Personnel File
Yellow – Employee

Pink – Supervisor
Goldenrod – Business Office