

Last Name
First Name

NOME PUBLIC SCHOOLS

All Staff Leave Request for Pre-Arranged Absences

LEAVE TYPE REQUESTED

<input type="checkbox"/> Administrative # of days:	<input type="checkbox"/> Personal # of days:
<input type="checkbox"/> Annual # of days:	<input type="checkbox"/> Sick # of days:
<input type="checkbox"/> Association # of days:	<input type="checkbox"/> Other # of days:
<input type="checkbox"/> Jury # of days:	

SCHEDULE

Date(s) on leave	
Date returning to work	
Reason	

EMPLOYEE SIGNATURE

DATE

--	--

ELIGIBLE PAID LEAVE AVAILABLE

Leave type		Balance	
Leave type		Balance	
Leave type		Balance	
Payroll Signature:			Date:

SUPERVISOR APPROVAL

<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Supervisor Signature:	
Date:	

SUPERINTENDENT REVIEW

<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Superintendent Signature:	
Date:	