Last Name	÷
First Name	e

NOME PUBLIC SCHOOLS

All Staff Leave Request for Pre-Arranged Absences

LEAVE TYPE RI	EQUESTE	E D	· T	
Administrative # of days:		Personal	# of days:	
Annual	# of days	:	Sick	# of days:
Association	# of days:		Other	# of days:
Jury	# of days	:		
SCHEDULE		92		
Date(s) on leave			SALTINGE STREET	
Date returning to w	ork			
Reason				
EMDI ÖVER SIG	NI A SPETIONE			DATE
EMPLOYEE SIG	NATURE	Harman II.		DATE
ELIGIBLE PAID	LEAVE A	AVAILARLE		
Leave type		I VIRELINDERS	Balance	
Leave type			Balance	
Leave type			Balance	
Payroll Signature:			Date:	
SUPERVISOR AI	PPROVAI			
Approved Not approved				
Supervisor Signature:			Date:	
SUPERINTENDE	NT REVI	EW		
Approved		☐Not approved		
Superintendent Signature:				Date:

Revised April 2016/District Office-payroll department