

DATE GONE: \_\_\_\_\_



# SHIELDS VALLEY PUBLIC SCHOOLS



## LEAVE REQUEST/REPORT OF SCHOOL RELATED ABSENCE

**INSTRUCTIONS:** Fill in all required information, check the appropriate boxes and send to your building administrator for approval.

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**TEACHERS/ADMINISTRATION**

Date(s) of Leave: \_\_\_\_\_ Time: \_\_\_\_\_

Number of hours gone: \_\_\_\_\_

Type of Leave Requested: Sick Personal Professional LWOP

\_\_\_\_\_ If using sick leave, please specify doctor, dentist, family, etc.

\_\_\_\_\_ If using professional leave, please specify reason.

**CLASSIFIED STAFF**

Date(s) of Leave: \_\_\_\_\_ Time: \_\_\_\_\_

Number of hours gone: \_\_\_\_\_

Type of Leave Requested: Sick Personal Professional LWOP

\_\_\_\_\_ If using sick leave, please specify doctor, dentist, family, etc.

\_\_\_\_\_ If using professional leave, please specify reason.

**SUBSTITUTE**

YES NO

Please specify times needed: \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

\*By typing your name you are agreeing to the leave requested.

**ADMINISTRATIVE DISPENSATION**

APPROVED DENIED

SUBSTITUTE ASSIGNED : \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_