Leave Request Form

Maple Valley Public School

Employee Name: _____ Date: _____

PLEASE CHECK ONE:

Teachers

☐ Sick

☐ Personal

☐ Professional/Conference

Bus Drivers

☐ Bus Leave

Hourly

☐ Vacation

☐ Comp. Leave

Dates of leave:

Start Date: _____ Date of Return: _____

Total Hours gone _____ **OR** days _____

Periods covered:

☐ RT ☐ 1 ☐ 2

☐ 3 ☐ 4 ☐ 5

☐ 6 ☐ 7

PLEASE PROVIDE SUBSTITUTES NAME BEFORE TURNING IN LEAVE REQUEST FORM

Name of Substitute: _____

Employee's Signature: _____

Date submitted _____

Principal's Signature: _____

Date _____

☐ Approved

☐ Denied

(For office use only)

Entered in Excel Spreadsheet: ☐	Substitute paid: ☐
Entered in Software Unlimited: ☐	Prep period paid: ☐