

**REQUEST FOR
PERSONAL NECESSITY LEAVE
or
VACATION LEAVE**

To: Superintendent (site principal) or designee.

From: _____ (Employee)

PERSONAL NECESSITY LEAVE is requested on _____ (date/dates)
for the following reason or purpose: (Seven days per school year limit)

A. ____ _____

B. ____ I have contacted the Superintendent or his/her designee for confidential reasons.

It is not possible for me to accomplish the above during non-working hours. I understand that approval of this request will result in an equivalent reduction of my accumulated sick leave benefits.

Signature of Employee

VACATION LEAVE is requested on _____ (date/dates)

Signature of Employee

To: _____

From: Immediate Supervisor

Your request is: Approved Disapproved

Signature of Superintendent or Designee