EMPLOYEE LEAVE FORM

Complete this form and attach any appropriate documentation then submit the form to your principal for approval. This form will then be submitted to Knox-Warren Special Education District Office for administrative approval.

Please complete and submit this form at least three weeks before the requested date.

NAME: ____________________________________________________

TODAY’S DATE: ______________________

DISTRICT NUMBER: ___________ BUILDING: ________________________

TITLE: __________________________________

SUBSTITUTE REQUIRED: NO: ____ YES: ____

TIME SUBSTITUTE NEEDED: ___________________________________________________

SUBSTITUTE PREFERRED: ______________________________________________________

Type of Leave Request

Sick Leave: ________ Personal Leave: ________ Bereavement: ________ Unpaid Leave: ________

DATE(S) REQUESTED: _____________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

If this is a request for Unpaid Leave, briefly state the reason for your request: ___________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Request Status

LEAVE REQUEST: APPROVED: ________ DISAPPROVED: ________

BUILDING PRINCIPAL: __________________________________ DATE: ____________

LEAVE REQUEST APPROVED: ________ DISAPPROVED: ________

KWSED DIRECTOR: ____________________ DATE: ____________

(Central Office Administrator)