

# LEAVE NOTICE

## PERSONAL ~~ SICK ~~ PROFESSIONAL

Staff Member requesting leave: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First Month/Day/Year

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

Type of Leave requested: \_\_\_\_\_

Certified staff members **ONLY**: Do YOU need a substitute teacher? Yes  No

Signature of staff member requesting leave: \_\_\_\_\_

Supervising teacher's signature to approve ParaEducator's leave: \_\_\_\_\_

**INSTRUCTIONS:**

1. Staff member fills out top portion and forwards the leave notice to the Director.
2. The Director will forward the approved notice to the Clerk to record on your permanent records and procure a substitute teacher (if needed). A copy with the Director's approval will then be given back to the staff member.

**This area for office use only:**

Director **approves** leave:

Director **disapproves** leave:  \_\_\_\_\_ Date: \_\_\_\_\_  
Director's Signature Month/Day/Year

Name of Substitute contacted (if needed): \_\_\_\_\_

Substitute's Phone Number: \_\_\_\_\_