

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: _____