



GENERAL LEAVE REQUEST
Certificated/Teamsters/District Office

Name _____ Date _____

Department _____ Building _____

Staff must ensure that they have enough leave for requested time before requesting leave.

Type of Leave Requested:

Sick Leave _____ Hours _____
Personal Leave _____ Hours _____
*Annual Leave _____ Hours _____
*(for year-round employees only)
Maternity Leave _____ Hours _____
Parenting Leave _____ Hours _____
Bereavement Leave _____ Hours _____
**Leave W/O Pay _____ Hours _____

Period of Leave Requested: Date _____ to Date _____

(Remember to enter your leave dates on your timecard [if applicable])

Do you intend to apply for Paid Family/Medical Leave? Yes _____ No _____

Requestor's Signature _____

Supervisor's Signature _____ Date _____

Human Resources Signature _____ Date _____

Approved _____ Disapproved _____

** All leave without pay must be requested and approved through the HR Department prior to leave.

Dr. Christine Moloney
Superintendent

Trisha Smith
Assistant Superintendent

Heather C. Pinkerton
Chief Financial Officer

