



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.**

Rick Goble
Superintendent

Trisha Smith
Assistant Superintendent

Heather C. Pinkerton
Chief Financial Officer