

**WHITE CLOUD PUBLIC SCHOOLS
EMPLOYEE LEAVE REQUEST**

| | |
|--------------------------|---------------------|
| Employee Name | Today's Date |
| Department/School | Position |

Any leave requested must adhere to bargaining unit contract terms and have supervisor APPROVAL

| No. of Days/hours | Date(s) of Leave | | |
|-------------------|-------------------------------|-------|------------------------------|
| _____ | Sick | _____ | Balance after request: _____ |
| _____ | Family Illness | _____ | Balance after request: _____ |
| _____ | Personal Business | _____ | Balance after request: _____ |
| _____ | Jury Duty | _____ | |
| _____ | Death/Funeral (Immed. Family) | _____ | Relationship _____ |
| _____ | School Related Activity | _____ | |
| _____ | Vacation Leave | _____ | |
| _____ | Unpaid Leave | _____ | |

Comment or explanation of request: _____

| | |
|--|-----------------------|
| Employee Signature | Date |
| Signature of Principal/Supervisor | Date Received |
| Date | Approved _____ |
| | Denied _____ |