

Weiser School District Leave Request

Requests should be submitted to the building principal 5 days in advance

Name: _____ Date: _____ School _____

1. Type of leave: **Professional** _____ Out of District _____ In-District (Superintendent must approve)
_____ **Personal** (Must be used by May 10th but not immediately preceding or following vacation days)
_____ **Prearranged Medical/Bereavement-Funeral**
_____ **Without Pay** (Superintendent must approve)

2. Date(s) requesting leave: _____ (Circle Below)
_____ AM PM All Day
_____ AM PM All Day

3. Substitute needed? _____ No _____ Yes, Preferred Sub: _____

4. Grade/Subject taught: _____

5. Duties? _____ No _____ Yes Describe Duties _____

6. For Professional Leave: Title of workshop/conference/activity: _____

Please attach a copy of the workshop/conference agenda and relevant documentation.

7. _____
Signature of Person Requesting Leave Today's Date

_____ Accepted _____ Denied _____
Building Principal Date

_____ Accepted _____ Denied _____
Program Director (if applicable) Date

_____ Accepted _____ Denied _____
Superintendent Date

Route to building secretary who will fax form to sub caller.

Secretary's Signature _____ Date Faxed: _____