

# PERSONAL/LEAVE REQUEST FORM

Location: \_\_\_\_\_

NETTLETON SCHOOL DISTRICT

Payroll Period \_\_\_\_\_ Through \_\_\_\_\_

Submission Date: \_\_\_\_\_ Social Security / Employee ID #: \_\_\_\_\_

Employee's Legal Name: \_\_\_\_\_

Number of Days: \_\_\_\_\_ Specific Dates: \_\_\_\_\_

SICK LEAVE: \_\_\_\_\_  
Explanation ( Personal illness, illness in immediate family, maternity leave, doctor's appointments, death in immediate family)

PERSONAL LEAVE

JURY DUTY (copy of summons must be attached)

MILITARY LEAVE (copy of orders must be attached)

VACATION LEAVE

\_\_\_\_\_, Employee Date: \_\_\_\_\_

\_\_\_\_\_, Supervisor Date: \_\_\_\_\_

\_\_\_\_\_, Supervisor Date: \_\_\_\_\_

Approved

Denied \_\_\_\_\_

Does the employee have leave time available? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Was a substitute used?** \_\_\_\_\_ Yes, below is the substitute's information \_\_\_\_\_ No, a substitute was not used

Substitute Name: \_\_\_\_\_ Total Days: \_\_\_\_\_

Substitute Name: \_\_\_\_\_ Total Days: \_\_\_\_\_

More than two (2) substitutes were used to cover the entirety of the absence request. The list of dates and substitutes is attached.

**Please Note: ALL days taken (excluding emergency / illness situations) MUST HAVE an approved leave form before the absence occurs.**

Notes/Remarks:

\_\_\_\_\_

\_\_\_\_\_