



Request and Authorization for Leave

Please Print or Type

Employee Name _____ Title _____

School District or Work Location _____

Select One:

Date(s) absent: _____
Month / Day(s) / Year

Total days absent: _____

Paid Leave _____
(Reason)

Calamity Day _____ [Paid]

Unpaid Leave _____

Request for
additional work hours _____

All absences from the regular schedule of duty must be accounted for by means of this form.

This form must be completed and submitted to your Supervisor **prior to absence/leave**. In the case of an emergency, this form must be submitted to your supervisor immediately upon return to work.

Falsification of records is grounds for dismissal.

Employee Signature _____ Date _____

Noted by _____ Date _____
Building Administrator

Noted by _____ Date _____
District Human Resources Official

Approved:

Authorized ESC COG Administrator Date _____