



# Personal Leave Request

Employee Name: \_\_\_\_\_

Building/Dept: \_\_\_\_\_

Job Title: \_\_\_\_\_

Cert. Total FTE: \_\_\_\_\_ ~OR~

Class. Avg. Hrs Per Day: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Total # of Hrs Requested: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved [ ]

Denied [ ]

Principal/Supervisor Signature: \_\_\_\_\_

Date \_\_\_\_\_

Approved [ ]

Denied [ ]

Superintendent/Designee Signature \_\_\_\_\_

Date \_\_\_\_\_

*Send completed form to the District Office.  
Employee will receive acknowledgement from Human Resources Department.*

## **DO NOT WRITE BELOW THIS LINE**

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CERTIFICATED:

Current Paid \_\_\_\_\_

Current Sub Deduct \_\_\_\_\_

Previous Paid \_\_\_\_\_

Previous Sub Deduct \_\_\_\_\_

Past Previous Paid \_\_\_\_\_

Past Previous Sub Deduct \_\_\_\_\_

Leave Without Pay (Per Diem) Deduct: \_\_\_\_\_

CLASSIFIED:

Current Paid \_\_\_\_\_

Previous Paid \_\_\_\_\_

Unpaid Leave \_\_\_\_\_

Leave Without Pay: \_\_\_\_\_