

LEAVE REQUEST FORM

Requests for sick leave (for advanced requests under sick leave provisions), association leave, personal leave, jury duty, leave of absence, military leave and others should be made in accordance with the master agreement. Upon return, the Leave Form Upon Return form must be filled out and returned to the building principal or immediate supervisor.

NAME: [] DATE OF APPLICATION: []

LEAVE REQUESTED: (CHECK ONE)

- Personal Leave
- Sick Leave
- Professional Leave
- Military Leave
- Leave of Absence (LWOP)
- Association
- Jury Duty

Explain with Reason (if applicable):

[]

Date(s) requested (beginning and ending dates if more than one day and times, if applicable):

[]

I affirm that the use of leave is authorized pursuant to the Coldwater Schools leave policy, master agreement and Ohio Law.

Signature

OFFICE USE ONLY

Number of days previously granted this year: _____.

Approved: _____

Disallowed: _____

Building Principal's Signature and Date

Approved: _____

Disallowed: _____

Superintendent's Signature and Date

Substitute: _____

Original: Attach to bi-weekly leave & payroll certification form
Copy to: Principal's File