

COLUMBIA UNION SCHOOL DISTRICT REQUEST FOR LEAVE

Name: _____ Today's Date: _____

I request leave on the following date(s):

From	to	Total # days /or	hours
_____	_____	_____ /	_____
_____	_____	_____ /	_____
_____	_____	_____ /	_____
_____	_____	_____ /	_____

Substitute requested: YES NO Preferred Sub: _____

Type of Leave:

_____ Personal Necessity (reason): _____

_____ Sick Leave

_____ Jury Duty _____ Bereavement (relationship): _____

_____ School Business (type): _____

CLASSIFIED ONLY: _____ Vacation _____ Comp Time _____ Floating Holiday

The above is true to the best of my knowledge.

Employee's Signature: _____ Date: _____

OFFICE USE ONLY

_____ Approved _____ Denied: _____

Supervisor's Signature: _____ Date: _____

Distribution: White: Personnel

Yellow: File

Pink: Employee