



FIRST MESA ELEMENTARY SCHOOL



LEAVE REQUEST FORM

ALL LEAVE MUST BE SUBMITTED 5 DAYS IN ADVANCE AND APPROVED BY AUTHORIZED PERSONNEL:

() ORIGINAL REQUEST () CHANGE DATE OR TIME () CALL IN DATE: _____ TIME: _____ RECEIVED BY: _____

EMPLOYEE NAME (PRINT): _____ SIGNATURE: _____ TODAYS DATE: _____

TYPE OF LEAVE: ___ Undesignated ___ LWOP ___ Admin ___ Jury Duty

JUSTIFICATION: _____

INDICATE NAME FOR COVERAGE:

LEAD TEACHER SIGNATURE FOR RTI COVERAGE: _____

TYPE OF DUTY: _____ DUTY COVERAGE SUBSTITUTE: _____

CLASSROOM SUBSTITUTE: _____ GRADE: _____

REQUEST LEAVE OF ABSENCE ON:

____ / ____ / ____ TIME: ____ : ____ AM/PM TO ____ : ____ AM/PM = _____ TOTAL HOURS

APPROVALS:

SUPERVISOR SIGNATURE: _____ DATE: _____

CSA: () APPROVE () NOT APPROVED-REASON: _____

CSA SIGNATURE: _____ DATE: _____