

MENAHGA PUBLIC SCHOOL DISTRICT #821
STAFF LEAVE
REQUESTS/REPORT OF ABSENCES

EMPLOYEE: _____

DATE OF ABSENCE: _____

_____ Personal Leave	_____ Vacation
_____ Bereavement	_____ Merit Leave
_____ Jury Duty	_____ Association Leave
_____ Military Leave	_____ Medical (personal)
_____ Unpaid Leave	_____ Medical (family)
_____ Other	_____ Staff Development/workshop

Hours/days of absence: _____

If Personal Leave, Merit Leave, Unpaid Leave or Bereavement Leave is requested, please identify contractual related person or purpose.

Substitute (if applicable): _____

Number of Hours substitute Needed: _____

Employee Signature: _____ Date: _____

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_____ Approved	_____ Not Approved
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_____ Principal's Signature	_____ Date
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_____ Approved	_____ Not Approved
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_____ Superintendent's Signature	_____ Date
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Comments: _____

Entered: _____

Initials: _____