

# M.S.D. of WARREN COUNTY LEAVE REQUEST FORM

TODAY'S DATE: \_\_\_\_\_

TO: Ralph Shrader, Superintendent and Jim Beyer, As. Superintendent

FROM: \_\_\_\_\_

TYPE OF LEAVE REQUESTED:

PERSONAL\* \_\_\_\_\_ PROFESSIONAL\* \_\_\_\_\_ SICK \_\_\_\_\_

BEREAVEMENT (Relationship to Deceased) \_\_\_\_\_

OTHER\* (Please Indicate Type) \_\_\_\_\_

I respectfully request \_\_\_\_\_ day(s) of leave as indicated above for the following date(s):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Day(s) Month(s) Year(s)

Employee's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Verification of Available Leave: \_\_\_\_\_ (Mrs. Halsema)

Superintendent's/As. Superintendent's Approval: \_\_\_\_\_

\*Brief Description of Personal, Professional or Other Leave (attach documentation if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Personal business leave is not to be used as vacation or to extend a vacation.)