

DELANO SCHOOL DISTRICT #879

TEACHER PERSONAL LEAVE REQUEST

TEACHER BEREAVEMENT LEAVE REQUEST

TEACHER COMPENSATION LEAVE REQUEST

Date: _____

Name: _____

Date of Intended Leave: _____

I acknowledge and understand that personal leave shall be granted only for important personal business that cannot be attended to during non-duty hours. I hereby certify that the personal leave day I have requested will not be used for any of the following:

1. First or last day of school (pupil contact day);
2. The day preceding or the day following a scheduled school vacation period;

Bereavement Leave: _____ list relation of deceased.

Compensation leave is granted if a substitute is available.

Signature of Requesting Employee

Approved _____ Disapproved* _____

Supervisor's Signature _____ Date _____

* If the leave request is not approved, the administrator will give the reason for non-approval verbally or in writing.