



PERSONAL/PROFESSIONAL LEAVE FORM
PLEASE COMPLETE AND TURN IN TO PRINCIPAL FOR APPROVAL

Name: _____

Today's Date: _____

Date or Dates Requested: _____

Time: _____

Type of Leave:

_____ Pay Deduct

_____ Personal Leave

_____ Sick Leave

_____ Bereavement Leave

_____ Professional Leave

_____ Comp Time

_____ Other: _____

_____ **No Sub Needed**

Open Gym Sub Needed: _____ Yes _____ No Time: _____

Bus Para Needed: _____ Yes _____ No Time: _____

Staff Signature: _____

Principal Signature: _____

Substitute: _____