

TWIN RIVERS CAREER & TECHNICAL
EDUCATION AREA

Name of Employee

LEAVE REQUEST

I request paid leave as checked below:

____ Sick Leave Date(s) _____
Self () Family Member () Family Member’s Name _____

____ Personal Leave Date(s) _____

____ Funeral Leave Date(s) _____
Name of deceased _____ Relationship _____

.....
I request paid professional leave: Date(s) _____

Reason for Leave _____

I request unpaid leave as checked below:

____ Leave of Absence Date(s) _____

Purpose of Leave _____
=====

Name of Substitute employed _____ Number of days _____

Signature of employee

Date signed

Approved by CTE Director

Date Signed

Approved by Board (if applicable) _____
Date

If disapproved, by: _____ Date _____

Reason _____

This form should be submitted as soon as information is available.