

Pawnee Heights, USD #496 Request for Leave

School Year

Substitute's Name

Name: _____

Principal's Signature: _____

LEAVE TYPE		DATE
_____ Personal (5 days per year non-cumulative - may not extend a holiday)	_____ AM _____ PM	
_____ Sick (8 days per year cumulative to 60 days)	_____ AM _____ PM	
_____ Bereavement (Immediate Family - 5 days maximum)	_____ AM _____ PM	
_____ Funeral (Designate sick or personal leave - circle one)	_____ AM _____ PM	
_____ Other **Explain	_____ AM _____ PM	