

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