

# CARVER PUBLIC SCHOOLS

## REQUEST FOR LEAVE

*Whenever possible, this form should be submitted at least two days prior to leaves of absence. If you have any questions regarding requests for time off, please refer to your working conditions.*

Date Submitted \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Date(s) of Leave \_\_\_\_\_

Paid Leave ☐

Unpaid Leave ☐

Reason:

\_\_\_\_\_ Bereavement (Use this form if you know in advance if you will be out for any length of time).

\_\_\_\_\_ Business /Personal (Personal time off will be changed to Business Leave as of 7/1/00).

\_\_\_\_\_ Family or Personal Illness (Please circle one).

\_\_\_\_\_ Vacation or Non Work (Please circle one).

\_\_\_\_\_ Professional Development – Details:

\_\_\_\_\_ Other (Please explain, use back if necessary): \_\_\_\_\_

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For Office Use

APPROVED ☐

NOT APPROVED ☐

Signed \_\_\_\_\_ Date \_\_\_\_\_

Principal or Director

APPROVED ☐

NOT APPROVED ☐

Signed \_\_\_\_\_ Date \_\_\_\_\_

☐ Asst. Superintendent of Schools

☐ Superintendent of Schools

Copy to: Person requesting leave  
Director or Principal  
Business Office

09/01/05 agm

