

BURLINGTON PUBLIC SCHOOL

EMPLOYEE REQUEST FOR LEAVE

EMPLOYEE NAME: _____

DATE OF REQUEST: _____

DATE OF ABSENCE: _____

TIME ABSENT: FULL DAY _____

HALF DAY _____

OF HOURS _____

REASON FOR ABSENCE:

ILLNESS: _____

DR. APPT: _____

DENTAL APPT.: _____

FUNERAL: _____

RELATIVE: _____

NOT RELATIVE: _____

ACTIVITY: (describe) _____

JURY: _____

OTHER: (please explain) _____

For **PERSONAL** leave use **form 507.R.1**

For **PROFESSIONAL** leave use **form 508.R.1**

Substitute's Name(s): _____

(and dates worked)

EMPLOYEE SIGNATURE: _____

FOR OFFICE USE:

APPROVED BY: _____ PRINCIPAL

_____ SUPERINTENDENT

RECORDED IN PERSONNEL FILE: DATE: _____ BY: _____