



# TINTIC SCHOOL DISTRICT

## Employee Leave Request / Authorization Form

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

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

I request leave for the following day(s): \_\_\_\_\_

Check Appropriate Box:  Full Day  Other (specify time): \_\_\_\_\_

**\*Leave will only be recorded in ¼ hour increments**

Type of leave requested:

<input type="checkbox"/>	<b>S</b>	Sick Leave <input type="checkbox"/> Personal Illness <input type="checkbox"/> Family Illness <input type="checkbox"/> Bereavement <input type="checkbox"/> Dr./Dental Appt.
<input type="checkbox"/>	<b>P</b>	Personal Leave
<input type="checkbox"/>	<b>V</b>	Vacation Leave (if applicable)
<input type="checkbox"/>	<b>W</b>	Leave Without Pay (Military, Workers Compensation, Other) _____
<input type="checkbox"/>	<b>A</b>	Student Activity _____
<input type="checkbox"/>	<b>I</b>	In-District Assignment _____
<input type="checkbox"/>	<b>E</b>	Excused (Approved Association Leave, Jury Duty) _____
<input type="checkbox"/>	<b>O</b>	Out of District on Assignment (dates, purpose, location) _____

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signed)

Approved  Disapproved

\_\_\_\_\_  
(Signature of Supervisor) Date: \_\_\_\_\_