

### Claim/Request for Leave Form

Directions: This form is to be completed by an employee who is to be absent or was absent from his or her duty station due to being on leave. In all cases except sick leave, this form should be completed in advance of the leave and forwarded to the immediate supervisor for approval. The immediate supervisor will retain the original copy of this report in order to complete his or her semi-monthly "Time Sheet" report.

I am requesting/claiming the following leave for this absence as provided by district policy:

Dates absent

\_\_\_\_\_ Bereavement Leave

\_\_\_\_\_ Personal Leave

\_\_\_\_\_ Professional Leave

\_\_\_\_\_ Sick Leave

\_\_\_\_\_ Vacation Leave

\_\_\_\_\_ Other – Please explain below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/immediate supervisor signature \_\_\_\_\_ Date \_\_\_\_\_