LEAVE NOTIFICATION

GOLDEN PLAINS U.S.D. NO. 316

NAME: _____	DATE SUBMITTED: _____
DATES OF ABSENCE: _____	TOTAL HOURS: _____
TIME DEPARTED: _____	TIME RETURNED: _____

EMPLOYEE'S REQUEST

For the following reason(s) I request to be absent or was absent on the date(s) and times indicated above:

- ☐ DISCRETIONARY LEAVE (These 13 days must be used before any Sick leave may be used)
- ☐ ILLNESS (SICK) LEAVE (To be used only after discretionary days are gone and only for sick)
- ☐ VACATION LEAVE
- ☐ WITHOUT PAY

FOR SCHOOL ACTIVITIES ONLY

- ☐ PROFESSIONAL LEAVE (Superintendent's & Professional Development Council permission)
- ☐ OTHER REASONS (Coaching, Trips w/students, etc.) _____

Personnel should refer to the negotiated agreement, certified staff handbook, classified staff handbook, or individual contract for definitions of the various leaves available. Some leaves require a statement of reason(s) for the leave. Please state the specific reason(s) if required.

_____

_____

Will a substitute be required? ☐ Yes ☐ No

If yes, who do you suggest? 1._____

2._____

_____

Signature

ADMINISTRATIVE ACTION

Superintendent's Action

- ☐ Approved as requested
- ☐ Approved with exceptions as noted
- ☐ Not Approved for the following reason(s):

_____

Superintendent's Signature: _____