

# WISHKAH VALLEY SCHOOL DISTRICT

## LEAVE FORM

(Please Fill Out Completely)

Employee Name: \_\_\_\_\_ Leave Date: \_\_\_\_\_  
(Please Print) (In accordance with District Policy and applicable negotiated agreements)

Number of Hours Per Day: \_\_\_\_\_ Sub Needed? YES

Time Sub Is Needed (check boxes)?

Full Day  Half Day  AM  PM

Reason for Absence: \_\_\_\_\_

Substitute's Name: \_\_\_\_\_  
(Filled In By Substitute Scheduler)

### TYPE OF LEAVE

- |   |  |
|---|--|
| <input type="checkbox"/> Sick Leave       | <input type="checkbox"/> Maternity/Paternity             |
| <input type="checkbox"/> Personal Leave   | <input type="checkbox"/> Bereavement ( <i>PSE Only</i> ) |
| <input type="checkbox"/> Vacation         | <input type="checkbox"/> Other _____                     |
| <input type="checkbox"/> Leave of Absence | <input type="checkbox"/> Leave Without Pay               |

All leave is subject to approval by Administration and verification of available leave time. Personal leaves, vacations and leave without pay will be approved based on our current staffing needs, the availability of substitutes and number of employees already scheduled out.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Verification of Available Leave \_\_\_\_\_  YES  NO  
(Signature of HR Department)

Signature of Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
 APPROVED  DENIED

Signature of Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_  
 APPROVED  DENIED