



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 ☐ Time From: _____ Time To: _____

Reason for Absence: _____

TYPE OF LEAVE

- | | |
|---|--|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> PFML/FMLA |
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Jury Duty | <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

Substitute's Name _____

Verification of Available Leave _____ ☐ YES ☐ NO
(Signature of Human Resources)

Signature of Building Principal _____ Date: _____
☐ APPROVED ☐ DENIED

Signature of Superintendent: _____ Date: _____