



PERSONAL LEAVE REQUEST

New Extension

Name (print) _____

Employee ID# _____ Home/Work Telephone Nos. _____

Home Address _____
Street City State Zip

Job _____ Work Site (School/Building) _____

Name/Telephone of Supervisor/Principal _____

For personal reasons, I request a leave of absence without pay:

Starting on _____ and ending on _____

I am requesting leave for the following reason(s): _____

I became aware on _____ that I needed leave for the period requested.
(insert date)

(Note: Under the Employee Handbook, employees must submit their personal leave request at least 60 days prior to the requested start date of the leave or as soon as they become aware of the need to request leave).

Signature of Employee

Date

***Active employees remain in active status while their leave requests are processed by the Leave Administrator.**