

Hinton Community School District
Request for leave form

Name: _____

Date of Request: _____

Date of Leave: _____

- | | |
|---------------------|--------------------------|
| Professional Leave | <input type="checkbox"/> |
| Personal Leave | <input type="checkbox"/> |
| Bereavement Leave | <input type="checkbox"/> |
| Sick Leave/Employee | <input type="checkbox"/> |
| Sick Leave/Family | <input type="checkbox"/> |
| Absent without Pay | <input type="checkbox"/> |

Reason for leave:

Employee Signature _____

Supervisor's Signature _____

Approved

Disapproved

Superintendent's Signature _____