

HAPPY VALLEY UNION SCHOOL DISTRICT

LEAVE REQUEST FORM

CLASSIFIED/CERTIFICATED

Name _____

I was absent from work on _____ and
Date (s)

request leave as follows:

_____ Sick Leave

_____ Jury Duty

_____ Personal Necessity
(See Contract)

_____ Vacation (Classified Only)

_____ Bereavement of Family Member
Relationship: _____

_____ Conference/Workshop

_____ Absent Without Pay

_____ No Tell (Certificated Only)

Please explain:

Employee Signature: _____

Date: _____

Approved by: _____

Date: _____

District Approval: _____

Date: _____