

Wa-Nee Community Schools
Certified Staff Leave Request

Employee Name _____

Please charge my absence(s) on the dates(s) listed below to one of the following:

DATE(S):

_____ SICK LEAVE (Section 6.10)

_____ PERSONAL/EMERGENCY LEAVE (Section 6.13)

Explain _____

_____ FAMILY ILLNESS OR ACCIDENT (Section 6.10)

Relationship _____

_____ DEATH & FUNERAL LEAVE (Section 6.12)

Relationship _____

_____ COURT & JURY DUTY LEAVE (Section 6.14)

BOARD APPROVED CONFERENCE (Section 6.24)

_____ ****Prior Board Approval Required**** Name _____

IN-DISTRICT MEETINGS/WORKSHOPS/FIELD TRIPS

_____ ****Prior Board Approval Required****

Meeting/Workshop/Field Trip Name _____

_____ OTHER – UNPAID LEAVE (Section 6.15)

Explain _____

SUBSTITUTE: _____ FULL DAY AM PM DATE: _____

EMPLOYEE: _____ FULL DAY AM PM DATE: _____

PRINCIPAL: _____ DATE: _____

PRINCIPAL: IN-DISTRICT MEETING TO BE PAID BY: _____

SUPERINTENDENT/DESIGNEE: _____ DATE: _____

*When appropriate, this form should be submitted prior to the absence.
In all other situations, this form should be submitted upon the day of return.*