

**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\*\***

\_\_\_\_\_ IN-DISTRICT MEETINGS/WORKSHOPS/FIELD TRIPS  
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.*