

LEAVE REQUEST APPROVAL FORM -- (Form F101)

EMPLOYEE NAME:

DATE(S) REQUESTED:

SUBSTITUTE NEEDED:

YES

NO

Name of Substitute Preferred:

Substitute Assigned:

REASON FOR LEAVE (PLEASE CHECK APPROPRIATE BOX):

Sick Leave

Personal Leave (5 days per year maximum)

/5

Workshop/Seminar (Please give details below -- TAR REQUIRED)

Conference (Please give details below -- TAR REQUIRED)

Meeting - School-Related (Please give details below -- TAR MAY BE REQUIRED)

WORKSHOP/CONFERENCE/MEETING DETAILS:

EMPLOYEE SIGNATURE:

DATE OF REQUEST:

All Leave Request & Approval Forms, with the exception of Sick Leave, must be submitted at least FIVE (5) days prior to the days off requested.

For Administrative Use Only

Administrative Approval:

Approved

Denied

Approved By: Print Name:

Signature:

Date:

Budget (other than Sick or Personal)

Notes: