



500 E. Sunflower  
Ozawkie KS 66070

## Leave Request Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
(printed)

I am requesting Sick Leave for the following date(s) \_\_\_\_\_

I am requesting Personal Leave for the following date(s) \_\_\_\_\_

I am requesting Discretionary Leave for the following date(s) \_\_\_\_\_

Is a Substitute Teacher Needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

Building Administrator \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Keystone Administrator \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Please complete this form ahead of time when possible. Upon completion of the form, send it to your Keystone Administrator within 24 hours of the absence.