

# NOTUS SCHOOL DISTRICT 135 PERSONNEL LEAVE REQUEST

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Type of Leave Requested:**  Sick  Personal  Professional  Maternity  
 Vacation  Bereavement (Please specify relationship to you): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_

From: \_\_\_\_\_ thru \_\_\_\_\_ Total work days: \_\_\_\_\_  
Date Date

**For Professional Leave requests:** Please attach an agenda/literature of activity/meeting wishing to attend.

Substitute Preference: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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### SUPERVISOR ACTION

Date: \_\_\_\_\_  Approved  Disapproved

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Substitute will be:
Contacted by:
Date: