

BREMEN PUBLIC SCHOOLS

LEAVE OF ABSENCE REQUEST

PERSON MAKING REQUEST: _____

TO: BUILDING ADMINISTRATOR

I request that my absence of ____ day(s) on the date(s) of _____ be charged to my account as follows:

Sick Leave (Illness or Quarantine) _____	Jury Duty _____
Personal Business _____	Military Duty _____
Bereavement (Family) _____	Maternity Leave _____
Bereavement (Other) (relationship to employee) _____	Sick leave to be used? Yes ____ No _____ How many days? _____
Family Illness (relationship to employee) _____ (up to nine days of accumulated sick leave)	Unpaid Leave _____
	Vacation _____

Will you require a sub? _____

SUPERVISOR'S RECOMMENDATION

DATE RECEIVED _____

APPROVED _____

DISAPPROVED _____

IF DISAPPROVED, REASON: _____

SUPERVISOR OR PRINCIPAL SIGNATURE _____

SUPERINTENDENT'S RECOMMENDATION

DATE RECEIVED _____ DAYS AVAILABLE _____

APPROVED _____

DISAPPROVED _____

IF DISAPPROVED, REASON: _____

SUPERINTENDENT'S SIGNATURE _____
