

HOWE PUBLIC SCHOOL
LEAVE REQUEST

TODAYS DATE _____ DATE(s) OF LEAVE _____
MONTH/DAY/YEAR

NAME OF EMPLOYEE _____

NAME OF SUBSTITUTE _____

ALL DAY ½ DAY _____ HOURS

PLEASE CIRCLE ONE

SICK

PROFESSIONAL
(SCHOOL BUSINESS)

PERSONAL

BREAVEMENT

JURY DUTY
(ATTACH SUPOENA)

EMERGENCY

VACATION
(12-MONTH EMPLOYEES ONLY)

LIST DESCRIPTION FOR EMERGENCY OR PROFESSIONAL, AND PERSONAL LEAVE

SIGNATURE OF EMPLOYEE

SIGNATURE OF PRINCIPAL

SIGNATURE OF SUPERINTENDENT