

Sutherlin School District #130

Paid Leave Request Form

I, _____, hereby request approval for my leave as marked below.

PAID LEAVE

- ☐ Personal*
- ☐ Legal**
- ☐ Incentive
- ☐ Vacation***

* Notice to the principal or immediate supervisor for the leave shall be made at least five days before taking such leave (except in the case of emergencies.)

** Available for jury duty or in response to a subpoena only. (attach copy)

*** Available for 12 month employees only

Month Day(s) Year

All of my
Work Day

Half of my
Work Day

Employee Signature

Date

Supervisor Signature

[] Approved

[] Not Approved

District Office Paid Leave Approval

Date

Revised 9/9/08