

Centerpoint Public School District Leave Request Form

NAME:

TODAY'S DATE:

DATE(S) OF LEAVE REQUESTED:

Type of Leave Requested (Check One)

☐ SICK/ MEDICAL

☐ PERSONAL

☐ PROFESSIONAL DEVELOPMENT*

☐ SCHOOL BUSINESS (not PD)

☐ FAMILY BEREAVEMENT

☐ NON-FAMILY BEREAVEMENT

☐ SPECIAL REQUEST (Explain below)

☐ VACATION

***When leave for PD or School Business is requested, please provide information below.
For PD, please provide documentation form workshop/conference upon return.***

Name of conference, meeting, training etc.:

Location:

Purpose of Trip:

Length of Leave Requested (Check One)

☐ Full Day

☐ 1/2 Day AM

☐ ¼ Day AM

☐ 1/2 Day PM

☐ ¼ Day PM

Employee Signature

Date

Supervisor Signature

Date

See DISTRICT POLICIES for definitions and additional information about leave requests.

- ***This form is to be given to the immediate supervisor or his/her designee as the first contact.***
- ***Please fill out a form for each occurrence requested.***
- ***Please fill out with as much advance as possible for expected leave.***
- ***Please fill out immediately upon returning to work after an unexpected absence.***