

BURLINGTON PUBLIC SCHOOL
EMPLOYEE REQUEST FOR LEAVE

EMPLOYEE NAME: _____

DATE OF REQUEST: _____

DATE OF ABSENCE: _____

TIME ABSENT: 1/4 DAY (up to 2 hours)
 3/4 DAY (4-6 hours)

1/2 DAY (2-4 hours)
FULL DAY (over 6 hours)

REASON FOR ABSENCE:

ILLNESS:

DR. OR DENTAL APPT.:

FUNERAL: RELATIVE: NOT RELATIVE:

ACTIVITY (describe)

JURY:

OTHER:(please explain)

For **PERSONAL** leave use **form 507.R.1**

For **PROFESSIONAL** leave use **form 508.R.1**

Substitute's Name(s):
(and dates worked)

EMPLOYEE SIGNATURE: _____

FOR OFFICE USE:

APPROVED BY: _____ PRINCIPAL

_____ SUPERINTENDENT

RECORDED IN PERSONNEL FILE: DATE: _____ BY: _____