

# LEAVE REQUEST FORM

BRADLEY-BOURBONNAIS COMMUNITY HIGH SCHOOL DISTRICT #307



## Steps for completion of request:

- Complete top part of form
- Indicate Sub needs
- Return to Vikki Ruffolo in the Main Office  
no later than **5 days** prior to date(s) requested

Sub Needed:

\_\_\_\_\_ YES

\_\_\_\_\_ NO

NAME OF APPLICANT: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

DATE(S) NEEDED: \_\_\_\_\_

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

YOUR REQUEST TO BE ABSENT FROM YOUR DUTIES, AS STATED ABOVE:

\_\_\_\_\_ HAS BEEN APPROVED      \_\_\_\_\_ HAS NOT BEEN APPROVED

YOUR ABSENCE WILL BE CHARGED AS INDICATED BELOW:

\_\_\_\_ PERSONAL \_\_\_\_ BEREAVEMENT \_\_\_\_ JURY \_\_\_\_ FAMILY SICK LEAVE \_\_\_\_ SICK LEAVE \_\_\_\_ OTHER

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Approved Date

\_\_\_\_\_  
Division Chair

\_\_\_\_\_  
Approved Date

\_\_\_\_\_  
Direct Supervisor/Administrator

\_\_\_\_\_  
Approved Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Approved Date

\_\_\_\_\_  
Superintendent