

CENTERVILLE COMMUNITY SCHOOL DISTRICT
Centerville, Iowa 52544

REQUEST FOR LEAVE

Employee's Name

Date of Application

Date of day(s) requested

Additional Information Required:
Not applicable for "Flexible Leave"

Check leave requested:

- ☐ Vacation
☐ Flexible Leave
☐ Workmans Comp Injury
☐ Professional (Workshop, Seminar, etc)
☐ Bereavement
☐ Other: (please specify) _____
☐ Sick Leave Appointment:
 (a) What (type of appt.) _____
 (b) Where (city) _____
 (c) Time of Appointment _____
 (d) Time of Departure _____
 (e) Define type:
 ☐ Illness
 ☐ Injury
 ☐ Workmans Comp Dr. Appt.
 ☐ Pregnancy

Employee's Signature

Principal/Director's Signature

☐ Approved ☐ Denied ☐ Referred to Superintendent

LEAVE REQUEST FOR SUPERINTENDENT'S APPROVAL

Employee: Please write a detailed reason:

Check leave requested:

- ☐ Flexible Leave Bank
☐ Extended Leave for Serious Illness
☐ Extended Leave for Death
☐ Leave without Pay
☐ Other: (please specify) _____

Superintendent's Comments:

Superintendent's Signature

☐ Approved ☐ Denied

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