KEOTA COMMUNITY SCHOOL DISTRICT
Employee Leave Request

Employee: _____

Dates requested for leave:

M	T	W	T	F
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

_____ Month _____ Day(s) _____ Year

Total hours absent: _____

Reason for this leave request: _____

_____

_____

_____ Employee Signature

_____ Date

****

The following to be completed by administrator:

Leave Type:

___ Sick Leave ___ Personal Leave ___ General Leave

___ Administrative Request ___ Jury/Legal Leave ___ Bereavement Leave

___ Vacation

Other _____

_____ Administrator's Signature

_____ Date

☐ Approved ☐ Not Approved

_____ Central Office Approval

_____ Date

☐ Approved ☐ Not Approved

White: Central Office Yellow: Administrator Gold: Employee