



REYNOLDS SCHOOL DISTRICT

Revised: 02/04/02

REQUEST FOR LEAVE OF ABSENCE

NAME _____ DATE _____

BUILDING _____

POSITION _____

DATE(S) OF LEAVE (*Please List Day and Dates*): _____

LEAVE (*Please circle*): Birthday Jury Duty Personal Sick Unpaid Vacation

Check here ONLY to apply this leave to Family Medical Leave (FMLA)

Please refer to the REA or RESPA Agreement for specific leave definitions. If day(s) are to be credited other than those listed, please explain:

Recommended _____ *Employee's Signature* _____ *Date*

Not Recommended _____ *Supervisor's Signature* _____ *Date*

Approved _____

Not Approved _____ *Superintendent's Signature* _____ *Date*

Administrator's Notes: _____

The Reynolds School District does not discriminate on the basis of race, sex, color, handicaps, creed, age, or national origin in administration of its educational or employment policies.