

CONNEAUT SCHOOL DISTRICT

Request for Leave Requiring School Board Approval

Name: _____ Date: _____

Position: _____ Building: _____

Date(s) or Term of Requested Leave: _____

Number of Working Days Leave Requested: _____

TYPE OF LEAVE
(Please check one)

Sabbatical - Health (Attach Physician's Statement)	<input type="checkbox"/>	Temporary Disability (Attach Physician's Statement)	<input type="checkbox"/>
Sabbatical - Study	<input type="checkbox"/>	General Unpaid Leave	<input type="checkbox"/>
Childrearing	<input type="checkbox"/>	Military Leave	<input type="checkbox"/>
FMLA (Family Medical Leave)	<input type="checkbox"/>	Other:	<input type="checkbox"/>

Additional Information/Reason/Explanation: _____

Employee Signature: _____

Approved: _____

(Principal or Immediate Supervisor)

Approved: _____

(Superintendent)

Denied: _____

(Principal or Immediate Supervisor)

Denied: _____

(Superintendent)