

CHENEY SCHOOL DISTRICT

12414 S. Andrus Rd.
Cheney, Washington 99004

REQUEST FOR LEAVE

(Employee's Name) _____
(Today's Date)

I would like to request ____ **vacation leave**; ____ **personal leave***; ____ **leave without pay**** from:

____ through _____
(Date) (Date) (Hours per Day) (AM/PM)

____ through _____
(Date) (Date) (Hours per Day) (AM/PM)

____ through _____
(Date) (Date) (Hours per Day) (AM/PM)

____ through _____
(Date) (Date) (Hours per Day) (AM/PM)

*Requests for personal leave must comply with CBA language.

**A detailed reason must accompany this form for Leave without Pay requests and must also be approved by the superintendent/designee.

Employee Signature: _____

Supervisor Signature: _____ Approved Declined

Payroll Initials: _____ Date Verified _____

Superintendent Signature (LWP requests): _____ Approved Declined