

COLUMBIA SCHOOL DISTRICT #400
Burbank, Washington

PRIOR APPROVAL FOR LEAVE

Applicant's Name: _____
(Please Print)

Building: _____ **Position:** _____

_____ **Bereavement Leave** _____ **Personal Leave** _____ **Vacation**
_____ **Emergency Leave** _____ **Leave Without Pay** _____ **Incentive Leave**
_____ **Jury Duty** _____ **Professional Leave** _____ **Association Leave**

_____ ***Budget Code if Applicable** _____ **Substitute scheduled to work**

Statement by applicant of circumstances prompting request:
(No statement required for Personal Leave or Incentive Leave)

Date(s) absent: _____

Number of Days Requested: _____

Signature of Applicant _____ **Date**

Signature of Principal/Supervisor _____ **Date**

Comments by Principal or Supervisor: _____

(District Office Use)

_____ **Approved** _____ **Disapproved**

_____ **Balance of Leave Requested**

Comments: _____

Signature _____ **Date**

