

# Brandywine Community Schools

## Leave Request/Verification Form



TO: ADMINISTRATIVE OFFICE

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

I AM REQUESTING LEAVE/VERIFYING ABSENCE ON: \_\_\_\_\_

CHECK ONE:

\_\_\_\_ SICK DAY

\_\_\_\_ VACATION

\_\_\_\_ PERSONAL LEAVE

\_\_\_\_ PROFESSIONAL DEVELOPMENT

\_\_\_\_ JURY DUTY

\_\_\_\_ OTHER

\_\_\_\_ FUNERAL LEAVE : \_\_\_\_\_ (RELATIONSHIP)

EMPLOYEE SIGNATURE: \_\_\_\_\_

THIS REQUEST IS:      APPROVED      DENIED

DATE: \_\_\_\_\_ SUPERVISOR'S SIGNATURE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

THIS REQUEST IS:      APPROVED      DENIED

DATE: \_\_\_\_\_ SUPERINTENDENT SIGNATURE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

### FOR CENTRAL OFFICE USE ONLY—PLEASE DO NOT FILL OUT THIS SECTION

MY YEAR-TO-DATE INFORMATION IS AS FOLLOWS:

\_\_\_\_ NUMBER OF DAYS ALLOWED

\_\_\_\_ NUMBER OF DAYS USED

\_\_\_\_ NUMBER OF DAYS REQUESTED

\_\_\_\_ BALANCE OF DAYS

THIS FORM MUST BE SUBMITTED TO THE IMMEDIATE SUPERVISOR OF THE EMPLOYEE MAKING THE REQUEST. FOR VACATION, REQUEST MUST BE MADE AT LEAST TWO (2) WEEKS IN ADVANCE, OR WHATEVER IS STATED PER MASTER AGREEMENT. FOR PERSONAL LEAVE, REQUEST MUST BE MADE AT LEAST TWO (2) DAYS IN ADVANCE, OR WHATEVER IS STATED PER MASTER AGREEMENT. SUPERVISOR'S APPROVAL IS SUBJECT TO REVIEW BY THE SUPERINTENDENT.