SEQUIM SCHOOL DISTRICT NO. 323
PERSONAL LEAVE REPORT FORM
Employees shall give written notice to their supervisor within 7 days of anticipated leave.
Personal leave may be denied if a shortage of substitutes exists.

LOCATION: __________________________  EMPLOYEE NAME: ________________________________

Please Print:  First  Last

DATE(S) of ABSENCE: ________________________________

HOURS: ________________________________

REASON FOR ABSENCE: (optional)

Each employee is granted personal leave respective to the applicable CBA.

Substitute: ________________________________

Please Print:  First  Last

Supervisor Signature ________________________________  Employee Signature ________________________________

Date ________ Date ________

DISTRICT USE ONLY:

Approved  __________  Comments: ________________________________

Not Approved  __________  Comments: ________________________________

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