

## School District 145 – Waverly Leave Request Form

Eagle  Hamlow  Intermediate  Middle School  High School

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Date(s) of Leave \_\_\_\_\_

Type of Leave (check one)

Professional Growth  Sick Leave  
 Leave w/o Pay (Superintendent approval only)  Personal Leave  
 Funeral Leave  Other  
 FMLA (Superintendent approval only)

Hours (check one)  8-4  8-12  12-4  other (please indicate time)

Reason for absence \_\_\_\_\_

Substitute Preference \_\_\_\_\_

Employee Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_

Substitute Hired \_\_\_\_\_

Hours Hired \_\_\_\_\_

**Original to Central Office and Copy in Building**