

LEAVE FORM
BEACH SCHOOL DISTRICT #3

Name _____ Date _____

Job/Position _____

Date of Leave _____

TYPE OF LEAVE:

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> SICK | <input type="checkbox"/> WHOLE DAY |
| <input type="checkbox"/> PERSONAL | <input type="checkbox"/> HALF DAY |
| <input type="checkbox"/> PROFESSIONAL | A.M. or P.M. |
| <input type="checkbox"/> NO PAY | |
| <input type="checkbox"/> VACATION | |

(Justification) _____

PRINCIPAL APPROVAL/REJECTION _____

Substitute's Name: _____

SUPERINTENDENT APPROVAL/REJECTION _____