GRAND ISLE SUPERVISORY UNION
SICK/PERSONAL LEAVE REQUEST FORM

Submit leave request to school administrator. To be used for Sick or Personal Leave ONLY.

EMPLOYEE_____ **SCHOOL**_____

LEAVE TYPE REQUESTED (circle one) SICK PERSONAL

DATE(S)_____ **WHOLE DAY** _____
HALF DAY A.M. __ __
HALF DAY P.M. __ __

IS SUBSTITUTE NEEDED? (CIRCLE ONE) YES NO

OTHER DUTIES TO BE COVERED: PLAYGROUND _____
LUNCH _ _ **BUS** _ _

DATE _____ **EMPLOYEE SIGNATURE** _____

.....

PRINCIPAL'S INITIALS _____ **DATE** _____

COMMENTS_____

_____

.....

THIS REQUEST IS THE _____ **DAY OF** _____ **AVAILABLE DAYS.**

FOLLOWING APPROVAL ONE (1) COPY WILL BE RETURNED TO YOU. DO NOT REMOVE A COPY BEFORE APPROVAL. WHITE COPY TO BE SENT TO CENTRAL OFFICE BY SCHOOL OFFICE.

NAME OF SUBSTITUTE _____

(To be completed by School Admin.Asst.)