

BRISTOL BAY BOROUGH SCHOOL DISTRICT LEAVE REQUEST

NAME _____

DATE _____

DATE(S) OF ABSENCE _____

REASON FOR ABSENCE _____

FOR THE ABOVE I AM CLAIMING:

- SICK LEAVE LEAVE WITHOUT PAY (CLASSIFIED ONLY)
 ANNUAL LEAVE OTHER(ATTACH FULL EXPLANATION)
 PERSONAL LEAVE
 ADMINISTRATIVE LEAVE

SIGNED _____(EMPLOYEE)

SIGNED _____(PRINCIPAL)

SIGNED _____(SUPERINTENDENT)

COPY RETURNED TO EMPLOYEE _____
(DATE)