

**PLAINFIELD PUBLIC SCHOOLS
REQUEST FOR LEAVE**

Name:	Building:	Date:
--------------	------------------	--------------

POSITION:	
Administrator	
Teacher	
Nurse	
Secretary	
Para-Educator	
Custodian/Maintenance	
Support Staff	
Other:	

TYPE OF LEAVE:	
Vacation	
Sick (Short/long term per contract)	
Family Sick Day (per contract)	
Personal	
Unpaid Personal (Supt. Approval Required)	
Jury Duty	
Military	
Earned/Floating Holiday	
Bereavement (per contract)	

NOTE: All requests for leaves must be submitted, signed for approval, and returned before time is taken.

SUBSTITUTE	
Needed	Not Needed

FROM		TO		TOTAL Days or Hours
Date	Time	Date	Time	

Please give a brief explanation for the leave, if appropriate:

1. This form must be **submitted** to the immediate supervisor with as much **advance** notice as possible.
2. A **personal** day must be requested **at least 24 hours in advance**. An exception will be made in an **emergency** but follow up later with this form and **label it "emergency"** under explanation.
3. If extenuating circumstances force a **request for unpaid leave**, the request **must be approved by the Superintendent**. Please **include** a written **explanation**. Leaves taken **without** prior **approval** (signed) will be **unpaid** and may be subject to **discipline**.
4. In the event of a shortage of personnel on the date you selected you **may be contacted to reconsider** your request, but the approval will stand if you are unable to change plans.

Employee's Signature

Date

<i>Administrative Use Only</i>			
Approved	Denied	Administrator's Signature	Date

Approved	Denied	Superintendent's Signature (if required)	Date

Reason for Denial: