

Glen Rose School District



Employee Leave Request

Name: _____ Date/Dates of Absence: _____

Sick Day _____ Personal Day _____ Prof Dev _____ School Business _____

If Prof Dev or School Business, attach justification: _____

Number of days requested: _____

Employee Signature: _____

Date Signed: _____

Approved _____ Not Approved _____

Supervisor Signature: _____

Date Supervisor Signed: _____