

Atlantic Community Schools Support Staff Leave Request

Date Submitted _____

Articles #12-14 (Leaves)

Paid	Unpaid	
		Sick Leave (Employee) (Article 13A)
		Serious Illness (Immediate Family) (Article 14-A4)
		Vacation (Article 12A)
		Personal Leave (Article 14-A1)
		Death Leave (____ Non-Family ____ Family) (Article 14-A4)
		Staff Development, Jury Duty & Other Leaves (Article 14-A2/3)

Date of Request _____

Reason for Absence: _____

Signature of Employee

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_____ Approved _____ Disapproved

Date of response _____ Administrative Signature _____

DATE _____

CENTRAL OFFICE SIGNATURE _____