



Wapsie Valley Community School District

2535 Viking Avenue
Fairbank, Iowa 50629



EMPLOYEE'S LEAVE REQUEST FORM

EMPLOYEE: _____

DATE(S): _____

_____ SICK LEAVE (START AT 10, UP TO 15 AFTER 5 YEARS WITH THE DISTRICT)

_____ BEREAVEMENT LEAVE (1, 3, OR 5 ACCORDING TO MASTER AGREEMENT)

_____ PERSONAL LEAVE (2 PER YEAR)

_____ FAMILY ILLNESS & EMERGENCY LEAVE (5 PER YEAR)

_____ PROFESSIONAL LEAVE (UNLIMITED WITH PRINCIPAL & SUPERINTENDENT APPROVAL)

_____ VACATION LEAVE (12-MONTH EMPLOYEES ONLY)

_____ UNPAID LEAVE (UNLIMITED WITH SUPERINTENDENT'S DISCRETION)

TOTAL NUMBER OF DAYS REQUESTED OR TAKEN: _____

REASON FOR LEAVE REQUEST, IF APPLICABLE: _____

STAFF ACTION

STAFF SIGNATURE: _____ DATE: _____

PRINCIPAL ACTION

_____ APPROVED _____ DENIED

PRINCIPAL SIGNATURE: _____ DATE: _____

SUBSTITUTE'S NAME: _____

SUPERINTENDENT ACTION

_____ APPROVED _____ DENIED

SUPERINTENDENT'S SIGNATURE: _____ DATE: _____

NOTICE: WITH THE EXCEPTION OF ILLNESS, ALL LEAVE MUST HAVE PRIOR APPROVAL.