



RAMAH NAVAJO SCHOOL BOARD, INC.

LEAVE FORM

Date of Request: _____

Name: _____

Position: _____

Department: _____

TYPE OF LEAVE

Annual/Personal # of hours: _____

Sick # of hours: _____

Admin/COVID19 # of hours: _____

Bereavement # of hours: _____

LWOP # of hours: _____

Comp Time # of hours: _____

(Each school year Education employees may use 24 hours of sick leave for personal time off.)

LEAVE EFFECTIVE:

DATE(S) 1) _____ FROM: _____ AM/PM TO _____ AM/PM

2) _____ FROM: _____ AM/PM TO _____ AM/PM

3) _____ FROM: _____ AM/PM TO _____ AM/PM

Coverage Needed: Obtained YES/NO: _____ Verified: _____ Date: _____

Name of Individual

(Applicable only to: Bus Drivers, Educational Assistants, Home Living Assistants, EMT's, Security, and Teachers)

Employee Signature

This section MUST be completed prior to supervisor's signature

	Beginning Balance	(-) Hours Used	(=)Hours Remaining
Annual Leave			
Sick Leave			
Personal Leave (Education)			
Bereavement Leave			
Comp Time			
LWOP			

APPROVED

DENIED

Supervisor's Signature

Date