



SECOND MESA DAY SCHOOL LEAVE REQUEST FORM for SY 2024-2025

NOTE: Request for leave should be submitted within a reasonable advance notice to supervisor & CSA; **preferably 5-day in advance.** Employee are responsible to ensure that they have sufficient leave hours. If there is insufficient leave hours, the leave hours will be adjusted or will be LWOP. **Employee are required to provide doctor/medical statement when requesting for leave regarding any medical related leave request.** Approved leave will be updated on the shared calendar accordingly.

Employee Name:		Date:	
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Reason for Request:	
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Date(s) Requesting for Leave:		Date: (Mo./Day)	Time	
	From:			AM / PM Hours
	To:			AM / PM Requested: _____

Type of Leave:	<input type="checkbox"/> Undesignated Leave (5.02): 5-day advance <input type="checkbox"/> Leave Without Pay (5.10) <input type="checkbox"/> Other: Compensatory Time
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Please include the Name of the following:
(Please ensure to communicate your coverage prior to submitting Leave Request Form)

Substitute (Classroom):	AM Duty Coverage:	PM Duty Coverage:
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Employee Signature:		Date:	
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SUPERVISOR REVIEW:

Supervisor Signature:		Date:	
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APPROVED
 DENIED/Reason: _____

CSA FINAL APPROVAL:

Chief School Administrator Signature:		Date:	
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APPROVED
 DENIED/Reason: _____

Comments:	
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