



# RAMAH NAVAJO SCHOOL BOARD, INC.

## LEAVE FORM

Date of Request: \_\_\_\_\_

Name : \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

### TYPE OF LEAVE

- |                                   |                   |                                      |                   |
|-----------------------------------|-------------------|--------------------------------------|-------------------|
| <input type="checkbox"/> Annual   | # of hours: _____ | <input type="checkbox"/> Bereavement | # of hours: _____ |
| <input type="checkbox"/> Sick     | # of hours: _____ | <input type="checkbox"/> LWOP        | # of hours: _____ |
| <input type="checkbox"/> Personal | # of hours: _____ | <input type="checkbox"/> 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

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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