

**SECOND MESA DAY SCHOOL  
LEAVE REQUEST FORM**

**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.

<b>Employee Name:</b>		<b>Date:</b>	
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<b>Reason for Request:</b>	
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<b>Date(s) Requesting for Leave:</b>	<b>From:</b>	<b>Date</b>	<b>Time</b>	<b>AM PM</b>	<b>Hours</b>
	<b>To:</b>			<b>AM PM</b>	<b>Requested: _____</b>

<b>Type of Leave:</b>	<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)*

<b>Substitute (Classroom):</b>	<b>AM Duty Coverage:</b>	<b>PM Duty Coverage:</b>
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<b>Employee Signature:</b>		<b>Date:</b>	
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<b>Supervisor Signature:</b>		<b>Date:</b>	
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**HR/PAYROLL REVIEW:**

Leave Balance Available: \_\_\_\_\_ HR/Payroll Initial/Date: \_\_\_\_\_

**FINAL REVIEW:**

Approval

Denied/Reason: \_\_\_\_\_

<b>CSA Signature:</b>		<b>Date:</b>	
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