

# Dickinson Catholic Schools

## LEAVE REQUEST FORM

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

Date of submitted request: \_\_\_\_\_

Date(s) of absence: \_\_\_\_\_

**AM** \_\_\_\_\_

**PM** \_\_\_\_\_

**ALL DAY** \_\_\_\_\_

### TYPE OF LEAVE

(circle one)

Personal

Sick

Professional

Day Deduct

Additional Comments:

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Supervisor Signature                      Date