

**WHITEHALL CENTRAL SCHOOL DISTRICT
LEAVE REQUEST**

Name

Today's Date

Date of Leave Requested

Please indicate:

Elementary School _____ Grade _____
Jr/Sr High School _____ Dept. _____
Bus Driver _____
Cafeteria Worker _____
Maintenance _____
Clerical _____
Aide _____
Other _____

Type of Leave:

_____ Personal Leave
_____ Bereavement Leave
_____ Court Leave
_____ Vacation
_____ Personal Medical Appointment
_____ Family medical Appointment
_____ Other

**Signature of Principal or
Non-Instruction Supervisor**

Purpose of Leave: _____

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Superintendent's Action:

_____ **Approved**
_____ **Disapproved**

Date

Superintendent's Signature

Remarks: _____

