

USD 286
Request for Leave

This form must be completed and turned in to the office.

Date of Request _____

_____ requests leave for _____
Employee Date

____ Discretionary Day
____ Bereavement

____ Professional Development
recommended by administration

Employee Signature _____

The above application was received on _____

The requested leave *shall/shall not* be granted *with/ without* pay.

Authorized Signature _____ Date _____