

HOONAH CITY SCHOOLS REQUEST FOR LEAVE	Employee Name (please print)	Employee Signature:
	Employee Assignment:	School (Secondary/Elementary)

Today's Date: / /		# Days/Hours Requested:	Date(s): AM/PM
<input type="checkbox"/> ANNUAL LEAVE <input type="checkbox"/> SICK LEAVE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER/EXPLAIN: _____ <input type="checkbox"/> PERSONAL LEAVE <input type="checkbox"/> BEREAVEMENT <input type="checkbox"/> CIVIC LEAVE <input type="checkbox"/> MILITARY LEAVE		<input type="checkbox"/> PROFESSIONAL LEAVE EXPLAIN: _____ <input type="checkbox"/> OTHER: EXPLAIN: _____ 	
Principal's Approval Date:	Signature of Building Principal or Supervisor:	Signature of Superintendent (when applicable)	

SUBSTITUTE:

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