

*Philomath School District No. 17J*  
**Classified Employee Leave Request**

Name: (please print) \_\_\_\_\_

Building:    CPS       BES       PES       PMS       PHS

**Type of Leave:** (Note: Any unpaid leave must have prior Board authorization)

**Sick Leave:**

\_\_\_ Sick  
\_\_\_ Personal

**Other Leave:**

\_\_\_ Compensatory Time  
\_\_\_ Vacation

\_\_\_ Bereavement  
\_\_\_ Other\* \_\_\_\_\_

\*(please specify, i.e., jury duty, unpaid leave, etc.)

**Date(s)/Hours of Leave:**

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

From: \_\_\_\_\_ AM PM

Total Number of Hours Taken: \_\_\_\_\_

To: \_\_\_\_\_ AM PM

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Substitute Needed:**

No       Yes ~ Specify Hours: \_\_\_\_\_

***I certify that I have accrued sufficient leave to cover the requested absence.***

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\* \* \* \* \*

\_\_\_\_\_  
Principal/Supervisor's Signature

\_\_\_\_\_  
Date