



SCHOOL DISTRICT 10
ARROW LAKES
World Class Learning in a Rural Environment

APPLICATION FOR LEAVE OF ABSENCE EXEMPT STAFF

PART A: COMPLETED BY THE EMPLOYEE

Employee Name: _____ Date(s) Requested: _____

Please mark the type of leave being requested: *(Note any long term leaves must be requested in writing to Superintendent)*

- Leadership Meeting
- Bereavement
- Compassionate
- Dental (Family)
- Dental (Employee)
- Discretionary
- Medical (Employee)
- Medical (Family)
- Family Emergency
- Sick (Employee)
- Sick (Family)
- Vacation
- Professional Development
- Other _____

Details/Explanation of leave: _____

Employee Signature: _____ Date: _____

Note: By typing your name and submitting, you agree that this constitutes an electronic signature that is the legal equivalent to your manual signature.

PART B: TO BE COMPLETED BY SUPERVISOR

Date(s) Leave Approved for: _____

Name of Replacement (If required): _____ Tracking Number _____

Charge Acct: _____ District Funds _____ School Funds _____ Accounts Receivable _____

Additional Information by Supervisor: _____

Supervisor signature of approval: _____

PART C: DISTRICT APPROVAL

District Approval Signature: _____ Date: _____

District Notes: _____
