

**MAPLETON SCHOOL DISTRICT 32
LEAVE OF ABSENCE REQUEST**

- Certified**
- Classified**
- Confidential**
- Substitute/Temporary**

Substitute Needed? _____

Date(s): _____

Please record the *number of hours* absent next to the leave type below:

- ____ Sick Leave (may be tracked as FMLA/OFLA/OR SICK)
- ____ Personal Leave
- ____ Vacation
- ____ Professional Leave/Authorized School Business
- ____ Jury Duty/Legal Leave (Please see the business office if you receive juror pay)
- ____ School Closure
- ____ Unpaid Leave
- ____ Other: _____

Reason for absence: _____

Employee Signature

Date

- Only *denied* requests will be returned to employees. Please check this box to receive a copy of an approved leave request.

- Approved**
- Denied:** _____

Supervisor Signature

Date
