**Mamawe Awasis Elementary School**

**Application Form: Request for Leave of Absence**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request a leave of absence from work on the following dates:

from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*for the following* reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This leave is for:

: \_\_\_\_\_Policy #6066.2 Sick Leave (1 day/month)

\_\_\_\_\_Policy #6067.1 Bereavement Leave

\_\_\_\_\_Policy #6068.1 Marriage Leave

\_\_\_\_\_Policy #6069.1 Maternity Leave

\_\_\_\_\_Policy #6071.1 Adoption Leave

\_\_\_\_\_Policy #4.11.1-2 Personal Leave (with pay)

\_\_\_\_\_Policy #6068.1 Leave of Absence without Pay

\_\_\_\_\_Policy #6069.1 Education, Workshop and Conference \_\_\_\_\_Policy #6071.1 Court Proceedings

Total days I will be absent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of School Principal (Elementary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This request is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ approved (with or without pay)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ denied

**Please note: Policy #6066-7.09. Employees shall not be permitted sick leave for routine, medical, dental, optical or other examinations. For instance, where an employee require time off work for such purposes, salary will be reduced accordingly**…