

Newton Municipal School District

**REQUEST FOR LEAVE**

EMPLOYEE: \_\_\_\_\_

Office/Dept.: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Type (s) Leave Requested:

# days \_\_\_\_\_ \*\* Vacation: from \_\_\_\_\_ through \_\_\_\_\_

# days \_\_\_\_\_ Sick Leave: from \_\_\_\_\_ through \_\_\_\_\_

# days \_\_\_\_\_ Personal: from \_\_\_\_\_ through \_\_\_\_\_

# days \_\_\_\_\_ Jury Duty: from \_\_\_\_\_ through \_\_\_\_\_

**\*\*Vacation Leave requests must be submitted to the Superintendent at least two (2) days  
Prior to date (s) of requested leave.**

Signature of Employee: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Approved by Superintendent: \_\_\_\_\_

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

**Copies to Employee and Supervisor**

**Effective 08142017**