PERSONNEL ACTION REQUEST

NAME: _____ SSN: _____
Last First MI

PURPOSE:

SICK LEAVE	PERSONAL LEAVE	PROFESSIONAL

VACATION	BEREAVEMENT	OTHER

EXPLANATION:

DATE OF EVENT: _____

REASON FOR LEAVE: _____

_____

TIME(S) OF EVENT: _____

HOURS OF LEAVE USED: _____

SUBSTITUTE NEEDED: _____ YES _____ NO

SUBSTITUTE TIMES: _____

STATUS:

_____ LICENSED _____ NON-LICENSED

POSITION: _____ DATE SUBMITTED: _____

SIGNATURE: _____

FOR OFFICE USE ONLY	
APPROVED	DENIED
DISPOSITION	
ADMIN SIGNATURE:	