



FACILITIES - EMPLOYEE LEAVE REQUEST FORM

Employee Name: _____ Date of request _____

Please complete this section if you are requesting compassionate leave:

- COMPASSIONATE LEAVE - Immediate Family
- COMPASSIONATE LEAVE - Extended Family
- COMPASSIONATE LEAVE - Relative or Close Friend

_____ Days requested with pay _____ Days requested without pay

Relationship to Employee: _____

List of Dates requested: _____ Number of days requested _____ Total Hours Absent _____

Description of Circumstances: _____

Please complete this section if you are requesting a leave other than compassionate:

- Paid Sick Leave Paid - Jury or Witness Duty
- Paid Personal Leave Day Paid - Union Leave
- Paid Vacation
- Unpaid Leave (Describe circumstances) _____

List of Dates Requested _____

Number of days requested: _____ Total Hours Absent _____

SUBSTITUTE INFORMATION:

Replacement	Dates	Number of Hours

To be completed by the school:

Principal/Supervisor Date

(Signature verifies that the employee's immediate supervisor is aware of the request and the circumstances related to the request)

Note: Please fax form to the Turtleford Office at 306-845-3392

To be completed by the Supervisor of Facilities:

_____ day(s) granted with pay _____ day(s) granted without pay _____ Request denied

Comments: _____

Supervisor of Facilities Date