

**WEWOKA PUBLIC SCHOOLS**  
**LEAVE FORM**  
**Request must be completed by employee only**

\_\_\_\_\_ will be absent from school on (Date(s)) \_\_\_\_\_  
Employee's Name (Please Print) \_\_\_\_\_

I will be absent on these dates for the following reason: (List absences for one event only)

- |   |   |
|---|---|
| <input type="checkbox"/> Personal Illness                     | <input type="checkbox"/> School Activity**                              |
| <input type="checkbox"/> Personal Business Leave*             | <input type="checkbox"/> Jury Duty/Court Related (Attach documentation) |
| <input type="checkbox"/> Leave without Pay                    | <input type="checkbox"/> Vacation (12 month employees)                  |
| <input type="checkbox"/> Professional Leave (Attach Agenda)** |   |

\* **Personal Business Leave – Must notify Supervisor 48 hours in advance – Weekend does not count as any part of the 48 hours.** If advance request is not possible, the request shall be filed within one day after returning to work. However, your reason for leave must adhere to district policy and if not retroactively approved, you will be subject to a decrease in salary or reduction of an appropriate leave, if applicable.

\*\* Describe leave or activity attended

I certify the above information to be true and correct.

\_\_\_\_\_  
Employee's Signature Date

Immediate Supervisor  Approved  Disapproved

\_\_\_\_\_  
Supervisor/Title Date

\_\_\_\_\_  
Superintendent's Initials

Substitute needed  Yes  No Dates \_\_\_\_\_

Substitute's Name \_\_\_\_\_

Substitute's Signature \_\_\_\_\_