

COLUMBIA SCHOOL DISTRICT #400
Burbank, Washington

PRIOR APPROVAL FOR LEAVE

Applicant's Name: _____
(Please Print)

Building: _____ Position: _____

_____ Bereavement Leave	_____ Personal Leave	_____ Vacation
_____ Emergency Leave	_____ Leave Without Pay	_____ Incentive Leave
_____ Jury Duty	_____ Professional Leave	_____ Association Leave

*Budget Code if Applicable

Statement by applicant of circumstances prompting request:
(No statement required for Personal Leave or Incentive Leave)

Date(s) absent: _____

Number of Days Requested: _____

Signature of Applicant Date

Signature of Principal/Supervisor Date

Comments by Principal or Supervisor: _____

(District Office Use)

_____ Approved _____ Disapproved

_____ Balance of Leave Requested

Comments: _____

Signature Date