

**DREW CENTRAL HIGH SCHOOL  
LEAVE REQUEST FORM**

This form should be completed and returned to the office as soon as the employee is aware that a leave of absence is required.

Name \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date(s) of Leave: \_\_\_\_\_

Type of leave requested:

\_\_\_\_ Sick Leave                      \_\_\_\_ Professional Leave (purpose) \_\_\_\_\_

\_\_\_\_ Personal Leave                      \_\_\_\_ Jury Duty

\_\_\_\_ Funeral Leave                      \_\_\_\_ School Business (purpose) \_\_\_\_\_

\_\_\_\_ Other (describe) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Principal Signature