Fremont County School District #2
STAFF LEAVE REQUEST
(CLASSIFIED Personnel)

I, _______________________________________________ , am requesting the following leave:

Employee Name

**Professional:**
Date(s): _____________________
Destination: ___________________________________________
Hours: _____________________
Purpose: _______________________________________________

**Sick:**
Date(s): _____________________
Hours: _____________________
Notes: ___________________________________________
Date(s): _____________________
Hours: _____________________

**Personal:** *(Please note if converting 2 sick leave days for 1 personal – max of 10 sick leave days converted per year)*
Date(s): _____________________
Hours: _____________________
Notes: ___________________________________________
Date(s): _____________________
Hours: _____________________

**Vacation:**
Date(s): _____________________
Hours: _____________________
Notes: ___________________________________________

**Jury Duty/Witness/Bereavement/Other (Describe):**
Date(s): _____________________
Hours: _____________________
Notes: ___________________________________________

This form is required to be filed with the Superintendent at least one day in advance of this leave.

Applicant Signature Date Supervisor Signature Date

Superintendent Approval Date

Substitute Name (if applicable): ______________________________