

**BLACK HAWK AREA SPECIAL EDUCATION DISTRICT**  
**REQUEST FOR LEAVE**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DATE(S) OF REQUESTED LEAVE:** \_\_\_\_\_

**REQUEST FOR LEAVE:**

Vacation:

\_\_\_\_ Full day (s)  
\_\_\_\_ ½ day \_\_\_\_ a.m. \_\_\_\_ p.m.  
\_\_\_\_ Time: \_\_\_\_\_

Sick

\_\_\_\_ Full day (s)  
\_\_\_\_ ½ day \_\_\_\_ a.m. \_\_\_\_ p.m.  
\_\_\_\_ Time: \_\_\_\_\_

Personal Business

\_\_\_\_ Full day (s)  
\_\_\_\_ ½ day \_\_\_\_ a.m. \_\_\_\_ p.m.  
\_\_\_\_ Time: \_\_\_\_\_

Calendar Change

Rationale: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Jury Duty    \_\_\_\_ Bereavement

**REQUEST FOR LEAVE:** To request a leave of absence for any reason, complete the top of the form, a copy will be returned to you.

**PERSONAL BUSINESS:** At least five (5) days notice must be given, except in emergencies.

**VACATION:** Requests should be made to allow sufficient time for planning and coverage.

**CALENDAR CHANGE:** Submit the requested calendar change and rationale to your supervisor **prior** to requested date of change.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE / DATE**

\_\_\_\_\_  
**SUPERVISOR SIGNATURE / DATE**

**DIRECTOR:**

\_\_\_\_ Approved    \_\_\_\_ Disapproved

**SIGNATURE / DATE:**

\_\_\_\_\_