

**Watonga Public Schools
Leave Request Form
Certified Personnel**

Teacher's Name _____ Date _____

Date of requested Leave _____

Previous Substitutes _____

Type of leave: _____ Sick Leave
(Check type) _____ Bereavement Leave
_____ Immediate Family
_____ Other
_____ Personal Business Leave
_____ Professional Leave
_____ School Business
_____ Donated sick days to : _____

Teacher's Signature

Authorization:

Approval _____
Disapproval _____
Comments _____

Principal _____ Date _____

Approval _____
Disapproval _____
Comments _____

Superintendent _____ Date _____

Note: State Law - If absence does not qualify for any of the designated leaves or if leave is exhausted, 1/180 of the salary will be deducted for each day absent.