

North Kitsap School District No. 400
ABSENCE REPORT OR APPLICATION FOR LEAVE FORM

___ **Certificated Administrator** ___ **Classified Administrator**

NAME _____

SCHOOL _____

POSITION _____

DATE OF THIS APPLICATION _____

LEAVE REQUESTED _____ to _____ = _____ DAY(S) OF LEAVE
starting date ending date

IS SUBSTITUTE NEEDED? (YES) (NO) TIME TO REPORT _____

Type of Leave Request

- | | |
|---------------------------|-----------------------------|
| ___ Sick Leave | ___ Meeting/Conference**** |
| ___ Disability/Maternity* | ___ Leave of Absence**** |
| ___ Birth/Adoption* | ___ Family Leave* |
| ___ Family Illness* | ___ Military Leave* |
| ___ Bereavement* | ___ Public Office**** |
| ___ Jury Duty & Subpoena* | ___ Government Service* |
| ___ Personal** | ___ Vacation (Classified)** |

- Codes: (*) Requires explanation;
(**) Requires approval, explanation not necessary;
(***) Requires explanation & supervisor's approval;
(****) Requires explanation & approval of supervisor and Superintendent/designee

Explanation:

Signed _____
Employee

___ Approved ___ Not Approved _____ Date _____
Supervisor

___ Approved ___ Not Approved _____ Date _____
Superintendent/Superintendent's Designee