

**JOINT EDUCATIONAL SERVICES IN SPECIAL EDUCATION
P. O. BOX 418
324 N. KINGSTON
PLYMOUTH, INDIANA 46563**

Leave Form

Name _____

Building _____ Position _____

TYPE OF LEAVE REQUESTED:

SPECIAL (without pay) Reason: _____

PERSONAL LEAVE (with pay) Reason: _____

Employee's Signature _____ Date _____

Leave requests should be submitted at least seven (7) days prior to the date of absence except for emergencies.

Approved.

Not Approved.

Reason: _____

Supervisor's or
Principal's Signature: _____ Date _____

Director's Signature: _____ Date _____

Office Use:

Number of Personal Days with pay available:

Number of Personal Days without pay used: