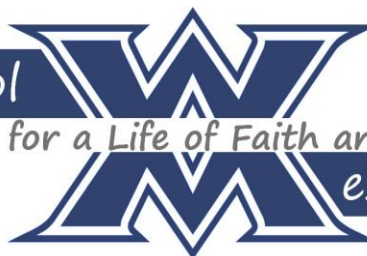


Western Mennonite School

Equipping Students for a Life of Faith and Learning

est. 1945



Request for Time Off

This form must be completed and submitted to your Supervisor at least 2 weeks prior to your requested time off start date. If submitted any later, it is not as likely to be approved. If you used sick time for an illness, this form must be completed the day you return to work for our records.

Employee Name _____

Total Time Off	<input type="checkbox"/> _____ Full Day (s) <input type="checkbox"/> _____ Partial Day (s)		
Days and Hours off Please list the dates, days and total hours for the days you are requesting.	Date (s)	Day	Hours off
Type of Leave	<input type="checkbox"/> Personal Leave (2 per year) <input type="checkbox"/> Sick Leave (Accrued) <input type="checkbox"/> Vacation (Accrued) <input type="checkbox"/> Professional (3 per year) <input type="checkbox"/> School Business <input type="checkbox"/> Bereavement (3 per year) <input type="checkbox"/> Leave w/Loss of Pay <input type="checkbox"/> Other		

☐ **Substitute Needed** ➔ **Periods Needing Coverage:** _____

Reason for Leave _____

Employee Signature

Date

Approval: ☐ Request Approved ☐ Request Denied

Reason for Denying Request _____

Supervisor Signature

Date