

# VALLEY CHRISTIAN SCHOOL REQUEST FOR LEAVE

This form may be used for up to one week of requested leave.

**Today's Date:** \_\_\_\_\_

**Employee Name (PRINT):** \_\_\_\_\_

**Job Duty / Position:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date(s) Requested Off:**

**Circle One:**

**Substitute Name, if applicable:**

Full Day / Half Day / Hourly

Full Day / Half Day / Hourly

Full Day / Half Day / Hourly

Full Day / Half Day / Hourly

Full Day / Half Day / Hourly

**Type of Leave Requested:**

Personal

Sick (including doctor appts,  
family emergency, funeral)

School Business as follows: \_\_\_\_\_

Civic (jury duty, etc): \_\_\_\_\_

**Requested Time Off Should Be:**

Leave with Pay

Leave without Pay or with Pay Deduction (deducted in June typically)

**Please be sure to have Sub check in at the desk and sign Sub Log. Thank you!**

**SUPERVISOR TO COMPLETE:**

Approved

Not Approved

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

**BUSINESS OFFICE USE ONLY**

This  
Request

Sick Days - Paid

Personal Days - Paid

Sick Days - Leave with Pay Deduction

Personal Days - Leave with Pay Deduction


This request has been  
logged on PTO Log