

**GARAWAY LOCAL SCHOOL DISTRICT
LEAVE REQUEST AND ABSENCE CERTIFICATION FORM**

I request leave for the following date(s): _____ for the following reasons:
(Check one applicable reason and supply the requested information):

DEFINITION OF IMMEDIATE FAMILY: Self, spouse, children, parents, brothers, sisters, grandchildren, grandparents, including an in-law or a step within these established relationships or anyone who is a permanent resident of the employee's home.

_____ Professional Leave
Give description or attach brochure if available: _____
Cost to school district, if any \$ _____
****Mailing of registration forms and payment of fees are employee's responsibility.
Employee should, however, file for reimbursement of fee through the Central Office. ***

_____ Personal Leave (When properly approved, this request is authorization to building principals to secure the needed substitute. May not be approved prior to a holiday)

_____ Unpaid Leave

_____ Vacation

_____ Jury Duty

_____ Sick Leave

_____ Personal/Family Illness (Immediate family only) Relationship to employee: _____
_____ Injury
_____ Pregnancy/Spouse's Pregnancy
_____ Postpartum/Spouse's Postpartum
_____ Exposure to contagious disease which could be communicated to other employees or children
_____ Death in immediate family (Relationship of deceased: _____)

Employee's Signature: _____

Building: _____ Current Date: _____

Principal's Signature:	Approved	Disapproved	Date
_____	_____	_____	_____

Superintendent's Signature: _____

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**ABSENCE CERTIFICATION
(Complete this section after returning from above leave)**

I certify that I was absent on the above date(s), for the reason(s) specified in the above leave request.

Employee's Signature _____ Date _____