



## GLOUCESTER COUNTY PUBLIC SCHOOLS LEAVE REQUEST FORM

**Part I – Employee Information**

**Employee Name:** \_\_\_\_\_ **Employee ID #:** \_\_\_\_\_ **School/Department:** \_\_\_\_\_

**Part II – Type of Leave Requested**

| Leave Type            | Check Box(es)            | Date(s) | Number of Days |
|-----------------------|--------------------------|---------|----------------|
| Annual Leave          | <input type="checkbox"/> |         |                |
| Sick Leave ♦          | <input type="checkbox"/> |         |                |
| Personal Leave        | <input type="checkbox"/> |         |                |
| Professional Leave ♦♦ | <input type="checkbox"/> |         |                |
| Other                 | <input type="checkbox"/> |         |                |

♦ If taking Sick Leave for family illness or death in family, please indicate relationship:  
\_\_\_\_\_

♦♦ If requesting Professional Leave, please complete “Part IV” below and forward it to your Principal or Supervisor along with the Conference Request Form.

**Employee’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part III – Approval Section**

— Approved       — **Not** Approved

**Supervisor’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part IV – ♦♦ Professional Development Section (if applicable)**

**Justification:**

— Approved       — **Not** Approved

**Supervisor’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

— Approved       — **Not** Approved

**Superintendent’s/Designee’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Adopted:** July 1, 2008  
**Cross Reference:** GBDG Staff Leave