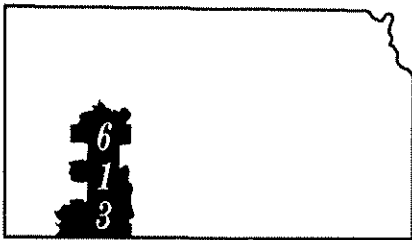


Southwest Kansas Area Cooperative District #613



001 Ford Street
Ensign, KS 67841
Phone: (620) 865-2054 Fax: (620) 865-2055
Website: <http://www.skacd.com>

“Providing Exceptional Education for Exceptional Children”

APPLICATION FOR LEAVE

(Applicant)

(Today's Date)

Absences by an employee throughout the year are unavoidable. However, any absence of an employee has a detrimental effect on the progress of the students and the workload of the other employees. If it is necessary that an employee be absent, arrangements should be made in advance if possible. Proper documentation of all absences is necessary for payroll computations.

Please complete the following:

In accordance with policies of the Board of Education, I hereby request:

Leave for: Full day _____ Half day _____

Date of Absence: _____

Reason:

_____ Personal Leave

_____ Sick Leave

_____ Professional Leave _____

_____ Bereavement

_____ Without Pay

_____ Other _____

Substitute: _____

Date: _____ Local Administrator: _____

Date: _____ Special Education Administrator: _____

Approved _____ Denied _____

Comments: _____