

Excalibur Charter School District

Request for Leave Form

Name _____

Position _____

Date Submitted _____

Date(s) Needed for Leave _____

For:

____ Personal ____ Professional Development ____ Medical ____ Other

Substitute Needed: Yes No

Signature _____

Approved _____ Not Approved _____

Supervisor _____ Date _____

LEAVE TAKEN

Name of Substitute: _____

Dates Paid _____