

**THOMAS-FAY-CUSTER UNIFIED SCHOOL
LEAVE REQUEST FORM**

Teacher's Name _____ Date _____

Date of requested leave _____

Full Day _____ Half Day (Please check) AM _____ PM _____

Previous Substitutes _____

Type of leave: _____ Sick Leave
_____ Personal Business Leave
_____ Professional Leave
_____ School Business
_____ Bereavement Leave
_____ Immediate Family
_____ Other

Teacher's Signature

AUTHORIZATION:

Approval _____
Disapproval _____

Comments _____

Principal Date _____

NOTE: State Law – If absence does not qualify for any of the designated leaves or if leave is exhausted, 1/180 of the salary will be deducted for each day absent.