

**MAXWELL MUNICIPAL SCHOOLS  
LEAVE REQUEST**

**DATE SUBMITTED:** \_\_\_\_\_

**PERSON REQUESTING LEAVE:** \_\_\_\_\_

**DATE(S) OF LEAVE REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

**Except in cases of illness or emergency, all leave must be requested in advance  
and approval granted by the Superintendent before leave is taken.**

**TYPE OF LEAVE REQUESTED:**

<b>SICK</b> _____	<b>WITHOUT PAY</b> _____	<b>COMP TIME</b> _____
<b>BEREAVEMENT</b> _____	<b>COURT/JURY DUTY</b> _____	<b>PROFESSIONAL</b> _____
<b>PERSONAL</b> _____	<b>EMERGENCY REQUEST</b> _____	<b>ANNUAL</b> _____

**Explanation:** \_\_\_\_\_

**REQUESTER'S SIGNATURE:** \_\_\_\_\_

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_

**SUPERINTENDENT'S SIGNATURE:** \_\_\_\_\_

**APPROVED: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

\*\*\*\*\*  
**OFFICE USE ONLY:**

**SUBSTITUTE NEEDED: YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**SUBSTITUTE'S NAME:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_