

Walla Walla Public Schools  
**LEAVE REQUEST**

No. \_\_\_\_\_

Name:

Date:

Building:

Number of days requested:

Date(s) of Leave:

**Please refer to your bargaining unit contract (if applicable) for specific language regarding various leave requirements.**

**TYPE OF LEAVE**

- Bereavement** Relationship to deceased:
- Emergency** (from available sick leave) Reason:
- Jury Duty** (Attach "Certificate of Jury Service" – *available from County Clerk*)
- Leave Without Pay** (HUMAN RESOURCES APPROVAL ONLY) Please give specific reason:
  
- Other** (Except Leave Without Pay) Please give specific reason:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**PRINCIPAL/SUPERVISOR RECOMMENDATION**

YES  NO

Principal/Supervisor understanding with employee: \_\_\_\_\_

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

**HUMAN RESOURCES DISPOSITION**

APPROVED:  YES  NO

Number of days approved \_\_\_\_\_ Amount of salary deduction \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
HR Administrator Signature

\_\_\_\_\_  
Date

Please send original to Human Resources for approval.

**FINAL DISTRIBUTION:** BUSINESS OFFICE HUMAN RESOURCES SUPERVISOR EMPLOYEE