



TEACH
PUBLIC SCHOOLS

LEAVE REQUEST FORM

Information

Employee Name:

Work Location:

TPES

TAT

TTCHS

TPS

Supervisor:

Type of Leave Requested:

Sick

Personal Leave

Vacation

Maternity/Paternity

Time Off (Without Pay)

Bereavement

Others – Please Specify:

Dates of Absence

From:

To:

Details:

It is essential that you request leave, other than sick leave, at least two (2) days prior to your first day of absence.

Employee's Signature:

Date:

Manager/Supervisor Approval

Approved

Denied (Provide reason in comments)

Comments:

Manager/Supervisor's Signature:

Date:

For Human Resources Only

Received by:

Date:

Processed by HR:

Date: