



Community Consolidated School District 62
777 E. Algonquin Road
Des Plaines, IL 60016

REQUEST FOR LEAVE FORM

Personal _____ **Religious** _____ **Military Duty** _____ **Association** _____ **Vacation (12 month employees only)** _____
Jury Duty _____ (complete after serving and attach copy of check stub)

Employee: _____ Building: _____

Position: _____ Function/Dept: _____

Date of Absence: _____

Full Day: _____

Partial Day: AM only _____ PM only _____

*A substitute will be needed: Yes _____ No _____

Are you on a timesheet? Yes _____ No _____

*I understand that it is my responsibility to call 847-589-4828 to report my absence and request a substitute.

Employee's Signature

Administrator's Signature

***** **FOR ADMINISTRATION OFFICE USE ONLY** *****

APPROVED: YES _____

NO _____

Associate Superintendent Signature

Date