



LEAVE OF ABSENCE REQUEST
 (REFERENE POLICY NO.: GCBD & GDBD)
 COLORADO CITY UNIFIED SCHOOL, DIST. #14
 225 N. COTTONWOOD STREET
 COLORADO CITY, AZ 86021
 (928)875-9000

 (EMPLOYEE)

 (DEPARTMENT)

 (DATE)

 (SUPERVISOR AUTHORIZATION)

 (DATE)

<i>Date</i>	<i>Day</i>	<i>Hours Requested for Leave</i>	<i>Substitute Assigned</i>
	<i>Monday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Tuesday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Wednesday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Thursday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Friday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Monday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Tuesday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Wednesday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Thursday</i>	<i>a.m.</i>	
		<i>p.m.</i>	
	<i>Friday</i>	<i>a.m.</i>	
		<i>p.m.</i>	

REASONS FOR ABSENCE:

___ PERSONAL ILLNESS _____

___ BEREAVEMENT LEAVE _____

___ PERSONAL OR BUSINESS LEAVE _____

___ OTHER/EMERGENCY LEAVE _____

___ SCHOOL BUSINESS _____

COMMENTS: _____