

LEAVE OF ABSENCE REQUEST  
 (REFERENCE POLICY NO.: GCBD & GDBD)  
 COLORADO CITY UNIFIED SCHOOL, DIST. #14  
 255 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: \_\_\_\_\_