

# CHICKASHA PUBLIC SCHOOLS

## LEAVE REQUEST

Employee's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Building: \_\_\_\_\_

I respectfully request a leave day(s) on the following date(s)/ (Recorded in whole-day; half-day; and/or quarter-day increments—  
Hourly employees leave recorded in hours; half-hour; and/or quarter-hour increments):

I certify this request will be used for:

- Personal Business Leave       Association Leave       Emergency Leave
- Vacation (12 Month Employees)     Legal Leave (Please attach a copy of your subpoena or jury summons)

And for no other reason as stipulated in the master contract between the Chickasha United Teachers' Association (CUTA) or Chickasha Association of Support Personnel (CASE) or Chickasha Organization of Professional Administrators (COPA) and the Chickasha Board of Education.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Principal's/Supervisor's Signature & Date

**(Mark the appropriate box if requesting PERSONAL BUSINESS LEAVE)**

- Personal Legal Business       Personal Business During Normal School Hours
- Personal Household Business
- Other (Explain) \_\_\_\_\_

**(Written Explanation is required if requesting EMERGENCY LEAVE)**

**NOTE: After action is taken by the Superintendent, a copy of the leave request will be returned to the employee, one copy will be sent to the building Principal/Supervisor and the original will be retained in the employee's personnel file.**

**APPROVED**

**DENIED**

If denied (reason) \_\_\_\_\_

\_\_\_\_\_  
Superintendent's/Designee's Signature

\_\_\_\_\_  
Date