



# Littleton Public Schools

## Leave Request Form

To (Administrator): \_\_\_\_\_ Date: \_\_\_\_\_  
 From (Teacher): \_\_\_\_\_ Building: \_\_\_\_\_  
 Date(s) of Leave: \_\_\_\_\_ Position: \_\_\_\_\_  
*(check one)* Full Day  **OR** Half Day –  a.m.  p.m. Subject/Grade: \_\_\_\_\_

Is a Substitute required:  YES **OR**  NO *(please check one)*  
 Substitute has been contacted:  YES **OR**  NO *(Name of Sub)* \_\_\_\_\_

### TYPE OF LEAVE *(Check One)*

**Field Trip** — Budget Account No. \_\_\_\_\_

**Building Staff Improvement** — Budget Account No. \_\_\_\_\_

*(Requests for Staff Improvement Leave related to buildings must be approved by **building principal** and charged to Building Professional Leave Account.)*

**Meeting/Conference Name/Location:** \_\_\_\_\_

**Professional Leave** — Any leave request not charged to the building account **must** be approved by the appropriate central administrator.

Name of Activity: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Personal Leave** — Administrative approval is required for the use of personal leave **ONLY** on the following days: In-Service days, Large scale assessment days, Days falling immediately before or after school holidays, First and last day of school. Use of personal leave on other days does **NOT** require submission of this form or administrator approval.

**Deductible Personal Leave** — *(Maximum of four days of deductible leave per school year.)* The cost of these extra days will be deducted at a rate equal to the base substitute rate plus \$5.00. *(Send a signed copy to the Substitute Office.)*

**Short-Term Unpaid Leave** — Requests must be submitted **a minimum of five days in advance**, except in an emergency. *(Reason must be given for this short-term leave. Send a signed copy to the Substitute Office.)* Reason: \_\_\_\_\_

**ALL Absences MUST be reported to LARS**

\_\_\_\_\_  
Employee Signature

Requests for Deductible Personal Leave or Short-Term Unpaid Leave (full salary deduction) are to be submitted to the immediate supervisor who will forward requests to the Director/ Assistant Superintendent of Human Resources for approval. Professional leave requires the approval of the immediate supervisor and the administrator responsible for the budget account used. Field trips and building staff improvement require approval by the immediate supervisor only.

Leave Approved Supervisor  
 Leave Disapproved Signature \_\_\_\_\_

Leave Approved Administrator Responsible for Account  
 Leave Disapproved Signature \_\_\_\_\_

REMARKS: \_\_\_\_\_