

ANN ARBOR PUBLIC SCHOOLS

REQUEST LEAVE FORM

Employee ID #: _____ Position: _____ Dept. #: _____

Last Name: _____ First Name: _____

Paid: Unpaid:

DATES OF ABSENCE/REASON:

Enter information:				Total Hours	Enter # of hrs. in appropriate box:			
From Date:	To Date:	am	pm		Vac.	Per. Bus.	Illness	Fam. Illness

Other/Describe: _____

Employee Signature: _____ Date: _____

Approved:
 Disapproved: Reason: _____

Supervisor Signature: _____ Date: _____

Revised 8/06

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