

**SEQUIM SCHOOL DISTRICT NO. 323  
PERSONAL LEAVE REPORT FORM**

Employees shall give written notice to their supervisor within 7 days of anticipated leave.  
Personal leave may be denied if a shortage of substitutes exists.

LOCATION: \_\_\_\_\_ EMPLOYEE NAME: \_\_\_\_\_

Please Print: *First* *Last*

DATE(S) of ABSENCE: \_\_\_\_\_

HOURS: \_\_\_\_\_

REASON FOR ABSENCE: (optional)

\_\_\_\_\_

Each employee is granted personal leave respective to the applicable CBA.

Substitute: \_\_\_\_\_

Please Print: *First* *Last*

\_\_\_\_\_  
Supervisor Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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DISTRICT USE ONLY:

Approved \_\_\_\_\_  
Not Approved \_\_\_\_\_

Comments: \_\_\_\_\_  
Comments: \_\_\_\_\_

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