



## BAKER PUBLIC SCHOOLS

### CERTIFIED STAFF LEAVE REQUEST FORM

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

**Type of Leave Requested:**

- ☐ Sick Leave
- ☐ Personal Leave
- ☐ Professional Leave
- ☐ Bereavement Leave
- ☐ Extended Leave (deduct 1/163 contract salary per day)
- ☐ Other: \_\_\_\_\_

**Date(s) of Leave:** From \_\_\_\_\_ to \_\_\_\_\_

**All Day** \_\_\_\_\_ **If Not**—The time frame you will need coverage \_\_\_\_\_

**Reason for Leave:** \_\_\_\_\_

**Additional Notes:** \_\_\_\_\_

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**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Administration:**

**Substitute Hired:** \_\_\_\_\_ **Amount of Leave Charged** \_\_\_\_\_

**Administrator's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_