COMPENSATION AND BENEFITS:
LEAVES AND ABSENCES

FRUITVALE INDEPENDENT SCHOOL DISTRICT

LEAVE REQUEST

_____ _____
Name Location

_____
Date of Requested Leave

LEAVE REQUESTS SHALL BE GRANTED IN ACCORDANCE WITH POLICY DEC

REASON FOR ABSENCE: _____

_____

_____

_____ _____
Date Employee's Signature

_____ _____
Date Principal/Supervisor's Signature

_____ _____
Date Superintendent's Signature