



**Wild Rose Public Schools**  
**Support Staff Personal Leave Request**

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**To be completed and approved prior to taking leave.**

**Employee Name:** \_\_\_\_\_ **Employee #:** \_\_\_\_\_

**Location:** \_\_\_\_\_

I will be absent from my duties for personal reasons on the following dates inclusive:

Dates	Total Hours/Day	Casual Replacement
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of : \_\_\_\_\_ days absent or \_\_\_\_\_ hours absent.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date