

Walla Walla Public Schools
BUILDING/DEPARTMENT LEAVE REQUEST

Name _____

Date _____

Building _____

Number of days requested _____

Date(s) of Leave _____

Please refer to your bargaining unit contract (if applicable) for specific language regarding various leave requirements.

TYPE OF LEAVE

Personal

Incentive

Employee Signature

Date

PRINCIPAL/SUPERVISOR DISPOSITION

YES

NO

Principal/Supervisor understanding with the employee: _____

Principal/Supervisor

Date