

Our Lady of Mercy School  
Request for Time off/ Leave of Absence

Request for Time off (Personal Days)

Dates of Request \_\_\_\_\_

Substitute \_\_\_\_\_

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

Principal's Signature \_\_\_\_\_

Fiscal Manager Signature \_\_\_\_\_

Paid                       Unpaid

Accepted                 Denied

Request for Leave of Absence

Dates of Request \_\_\_\_\_

Substitute \_\_\_\_\_

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

Principal's Signature \_\_\_\_\_

Fiscal Manager Signature \_\_\_\_\_

Accepted                 Denied

\_\_\_\_\_ Sick days Paid      \_\_\_\_\_ Days of unpaid leave

Start date of Worker's Comp \_\_\_\_\_

**This request must be submitted two (2) weeks prior to date of request.**