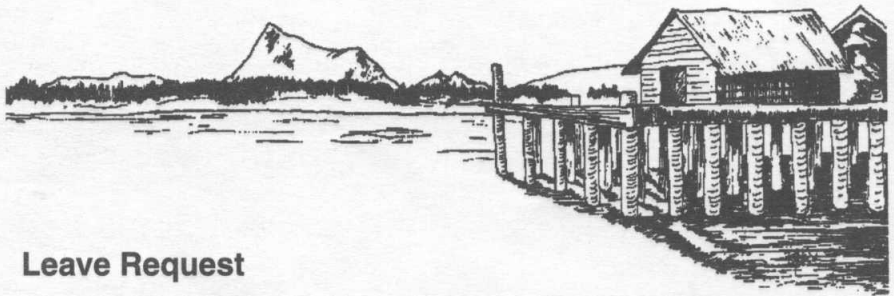


DILLINGHAM CITY SCHOOL DISTRICT
 P.O. BOX 170
 DILLINGHAM, ALASKA 99576



Leave Request

Name /Position:		Employee #	
Date(s) Absent	Total Hours Absent	Total Days Absent	Reason
			Sick Leave
			Personal Leave*
			Vacation*
			Leave Without Pay*
			Jury Duty*
			Travel With Students*
			Out-of-District Professional*
			In-District Professional*
			Other*
*Superintendent approval required			
Employee Signature:		Date:	
Principal Signature:		Date:	
Superintendent Signature:		Date:	
Substitute Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Report of Substitute			
Name :			
Date(s) Worked	Full/Half Days	Account Code	
TOTAL DAYS:			
Office Secretary:		Date:	

Dated: 01/98
 White: Business Office
 Yellow: Office Secretary
 Pink: Substitute Employee
 Goldenrod: Absent Employee