



500 E. Sunflower Blvd.
Ozawie, KS 66070
Phone: 785-876-2214; Fax: 785-876-2383

Leave Request Form

Name _____ Date _____
(printed)

I am requesting Sick Leave for the following date(s) _____

I am requesting Personal Leave for the following date(s) _____

I am requesting Discretionary Leave for the following date(s) _____

Is a Substitute Teacher Needed? Yes _____ No _____

Signature _____

Building
Administrator _____ Approved _____ Denied _____

Keystone
Administrator _____ Approved _____ Denied _____

Please complete this form ahead of time whenever possible. Upon completion of the form, send it to your Keystone Administrator within 24 hours of the absence.