

Union City Area School District

Leave Request Form

Employee Name: _____

I would like to request the following days off:

Personal Days: _____

Vacation Days: _____

Planned Medical: _____

Conference/Workshop: _____

Other: _____

Remarks: _____

Employee Signature

Date

Supervisor Signature

Date

Approved

Not Approved

**** Must be submitted 3 working days prior to scheduled leave.****
