

**GRANT PARISH SCHOOL BOARD  
P.O. BOX 208  
COLFAX, LA 71417**

\*\*\*\*\*APPLICATION FOR LEAVE\*\*\*\*\*

Type of Leave: (Check One) Please attach necessary documentation.

- |  |   |
|--|---|
| <input type="checkbox"/> Personal Illness  | <input type="checkbox"/> School Business (Attach Documentation)     |
| <input type="checkbox"/> Family Illness    | <input type="checkbox"/> Professional Devel. (Attach Documentation) |
| <input type="checkbox"/> Personal Business | <input type="checkbox"/> Death in Family (Attach Documentation)     |
| <input type="checkbox"/> Vacation          | <input type="checkbox"/> Other (Explain)                            |

Reason for requesting leave: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of leave: \_\_\_\_\_

Date returned to work: \_\_\_\_\_

Total day(s) absent: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Identification Number of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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\*\*\*\*\*For Office Use Only\*\*\*\*\*

Approved  Disapproved Reason: \_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Signature of Superintendent: \_\_\_\_\_

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