WASHAKIE COUNTY SCHOOL DISTRICT NO. 1
ANNUAL LEAVE REQUEST
PLEASE ROUTE THROUGH PERSONNEL

Employee_____

Date(s) of Absence_____

Purpose of Request_____

_____

Employee's Signature_____Date_____

It is my recommendation this request be: Approved_____
Not Approved_____

_____ _____
Supervising Administrator's Signature Date

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(TO BE COMPLETED BY PAYROLL DEPARTMENT)

Days Available_____

Days Used Current Year_____

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(TO BE COMPLETED BY SUPERINTENDENT)

Your request for Leave will be recorded in the payroll office as follows:

Days of Annual Leave Approved _____

Comments:_____

_____

_____ _____
Superintendent's Signature Date

cc: Employee
Supervising Administrator
Payroll Clerk