

Creston School District No. 073

485 Southeast E Street Creston, WA 99117

<u>Voice</u>: (509) 636-2721 <u>Fax</u>: (509) 636-2910 <u>Net</u>: www.creston.wednet.edu Chuck Wyborney. Superintendent Glenn Arland, Principal

REQUEST FOR LEAVE

Employee Name			Date			
Type of Leave Re	equested: (Please check one	2)				
Sick Leave			School-relat (Prior Approve	red Business ed by Superintender	nt/Principal)	
Bereavement (Please state relati	tionship to deceased below)		Maternity L	eave		
Personal Leav	ve	Other (Includ (Please Explain		des Personal Professional Development) n below)		
Explanation for lo	eave if Bereavement, Scho	ool-related, or (Other:			
Amount of time F	Requested:					
List Dates and Ti	imes (If a portion of a day	r):				
Signature						
Employee Signature					Date	
DISTRICT USE	Ξ					
L	To k	To be deducted from sick leave or personal leave				
	YES			YES		
	NO			NO		
Reason that leave wa	s not deducted from leave acco	ount:			_	
Superintendent/Principal Signature				Date		
Amount to be dec	ducted from pay:					
Substitute:						

Creston School District No. 073 does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression or identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employee has been designated to handle questions and complaints of alleged discrimination: Chuck Wyborney, Superintendent at 485 Southeast E Street, Creston, WA 99117. Telephone: 509-636-2721. Email: cwyborney@creston.wednet.edu.