

LIBERTY ELEMENTARY SCHOOL DISTRICT #25

REQUEST TO USE PERSONAL LEAVE DURING A BLACK OUT DAY

Ref: Policy GCCB

	EMPLOYEE INFORMATION
Employee Name: Department: Date(s) of leave request: Reason for Absence:	
Employee Signature: Supervisor Signature:	Date: Date:
	APPLICATION PROCESSING
	Employee's request to use Personal leave during a black out day is approved as submitted. Please enter your leave request in iVisions immediately. Employee's request to use Personal leave during a black out day has been denied. Employee is approved to use unpaid leave if they so choose. Unpaid leave should be entered in iVisions immediately.
Approver Signature:	Date: