



**Please submit completed form to:  
humanresources@escog.org**

## Request and Authorization for Leave

*Please Print or Type*

Employee Name \_\_\_\_\_ Title \_\_\_\_\_

School District or Work Location \_\_\_\_\_

**Select One:**

**Date(s) absent:** \_\_\_\_\_  
Month / Day(s) / Year

**Total days absent:** \_\_\_\_\_

Paid Leave \_\_\_\_\_  
(Reason)

Calamity Day \_\_\_\_\_ [Paid]

Unpaid Leave \_\_\_\_\_

Request for  
additional work hours \_\_\_\_\_

All absences from the regular schedule of duty must be accounted for by means of this form.

This form must be completed and submitted to your Supervisor **prior to absence/leave**. In the case of an emergency, this form must be submitted to your supervisor immediately upon return to work.

Falsification of records is grounds for dismissal.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Noted by \_\_\_\_\_ Date \_\_\_\_\_  
Building Administrator

Noted by \_\_\_\_\_ Date \_\_\_\_\_  
District Human Resources Official

**Approved:**

\_\_\_\_\_  
Authorized ESC COG Administrator Date \_\_\_\_\_