

**DISTRICT OF COLUMBIA PUBLIC SCHOOLS
REQUEST FOR ADVANCE LEAVE OR LEAVE WITHOUT PAY**

To: _____
(APPROVING OFFICIAL)

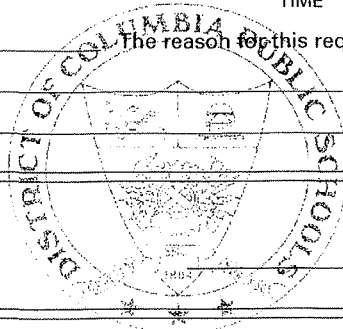
Date _____

I, _____, an employee of the _____ request an advance of _____ hours of
(ORGANIZATIONAL UNIT) (DEPARTMENT OR AGENCY))

Annual Leave ; Sick Leave ; Leave Without Pay ; to begin on _____ and end on _____
TIME DATE TIME DATE

I expect to return to duty on or about _____ The reason for this request is: _____

A certificate from my doctor is attached.
(Include if request is for medical reasons).



(SIGNATURE OF EMPLOYEE)

Recommendation of Supervisor: Approved Disapproval Remarks: _____

(SIGNATURE OF SUPERVISOR)

Approved Disapproved Date _____

(SIGNATURE OF APPROVING OFFICIAL)

EMPLOYEE