

**BREHM PREPARATORY SCHOOL
Personal Leave Form**

Employee Name (PRINT CLEARLY)

Date(s) Requesting Leave (PLEASE INCLUDE MONTH, DAY, & YEAR)

_____ Hours of Sick _____ Hours of Personal _____ Hours of Field Trip
_____ Hours of Bereavement _____ Hours of Jury Duty _____ Hours of Conference

Location of Field Trip and/or Conference: _____

Is a Substitute needed: ____ YES ____ NO

Medication dispenses to whom, and at what time? _____

Employee Signature

Supervisor Signature

Substitute Information

Substitute #1 Printed Name

_____ Number of hours subbed

Substitute's Signature

Substitute #2 Printed Name

_____ Number of hours subbed

Substitute's Signature

For Office Use Only
Circle one

Sub Rate: \$ 60.00 \$70.00