



WEST BRANCH AREA SCHOOL DISTRICT  
REQUEST FOR EARLY LEAVE  
PROFESSIONAL STAFF

NAME: \_\_\_\_\_ DATE FILED: \_\_\_\_\_

A. **Provisions:**

All members of the bargaining unit are urged to schedule medical, dental and business appointments outside of working hours. **If this is not possible**, all employees shall be permitted to leave school for a short period of time not to exceed four (4) times in any one school year covered by this Agreement without loss of pay, providing the following stipulations are met:

- a. The employee notified the Principal or Immediate Supervisor as far as advance as possible.
- b. Arrangement can be made, if necessary, to have other teachers with a **free** period perform substitute duty.
- c. There is no cost to the district.
- d. The employee is willing to sign a report of his time off indicating the reason (medical, dental, business, or other acceptable to the Administration).
- e. The only exception to the four (4) times in any one school year could be made by the immediate supervisor of the individual making the request, in conjunction with the Superintendent.
- f. This provision does not apply to full-day or half-day absences, but it does apply to any time off requested during the employee's regular work day.

B. **Request:**

EARLY LEAVE DATE: \_\_\_\_\_  
 REASON (circle one):  
 Medical    Dental    Business    Other: \_\_\_\_\_  
 APPOINTMENT TIME: \_\_\_\_\_

1. MORNING:    ARRIVAL TIME    \_\_\_\_\_  
 2. MID DAY:    DEPARTURE TIME    \_\_\_\_\_  
                   RETURN TIME    \_\_\_\_\_  
 3. AFTERNOON: DEPARTURE TIME    \_\_\_\_\_

\* Leave time is inclusive of appointment, travel, pick-up, and pre-appointment paperwork

C. **Coverage Arrangements:**

Teacher: _____	Time: _____	*Free Period: _____ Yes _____ No
Teacher: _____	Time: _____	*Free Period: _____ Yes _____ No
Teacher: _____	Time: _____	*Free Period: _____ Yes _____ No

\* Free period refers to time designated as a planning period, lunch period, or duty-free time before and after the student day.

D. **Approvals:**

I hereby certify all information given to be true and correct on this form.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Signature of Principal, Supervisor, or Superintendent, indicates approval of leave only. Approval of paid leave is not granted until posted to employee's attendance record. Paid leave is determined by contract or written school policy.

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
Principal's or Supervisor's Signature

\_\_\_\_\_  
Date

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date