



Missouri Council of School Administrators Leave Request Form

Employee Name: _____

Date(s)	Days	Sick	Vacation	Funeral

TOTALS: _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

By signing the above I/we certify that the information submitted accurately reflects leave taken.

BALANCES (to be used by the Director of Office Operations)	
Vacation: _____	Funeral: _____
Sick Leave: _____	