

KEYSTONE SCHOOL DISTRICT
~EMERGENCY LEAVE REQUEST~

I, _____, hereby request
that I be granted Emergency Leave from my duties with the Keystone School District on the
following date(s).

Date(s)

Length of Leave

1. _____

The purpose of this leave was/is _____

Signature _____

Date _____

SUPERVISOR/PRINCIPAL REPORT

Approved _____ Referred _____ Date _____

Signature _____

SUPERINTENDENT'S ACTION

Approved _____ Referred _____ Date _____

Signature _____

COMMENTS: _____
