Oasis Academy
Employee Leave Request Form

☐ Substitute Needed?  ☐ In-House Sub: (Name): ____________________

Date(s): _____________________________________

Employee Name: _____________________________________

Substitute:  _____________________________________

Reason for substitute:  ☐ Vacation (PTO) (2 Days per year)
☐ Sick (8 Days per year)
☐ Professional Development
☐ Other, please explain (i.e. Jury Duty, etc.)

___________________________________________________________

___________________________________________________________

Please select one:  ☐ Whole day (8 hours)  ☐ Hours (if Other) _______
☐ Half day (4 hours)

Employee’s Signature: _______________________________    Date:  _____________

Administrator’s Signature: ___________________________     Date:  _____________