

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

Prior to completing this form, please consult your WTU contract under the appropriate section for specific details regarding requirements for submission of your request. If specific information is required, please attach supplemental information to this request form.

CHECK    CONTRACT  
ONE      SECTION

	9-2	Sabbatical Leave (Indicate school year/semester or full year)
	9-4.2	Bereavement (Grandparents/Grandchildren only) Date(s):
	9-4.3	Bereavement (Day of the funeral for other relatives only) Date(s):
		Long-distance travel Indicate where: _____ Date: _____
	9-5.2	Illness in the Family (Extreme circumstances only, additional time) Date(s):
	9-6.2	Visiting other Schools (One day maximum) Date:
		Conferences (Attach conference request(s) to this form and then forward to Principal/respective Director)
	9-6.3	Other additional "Time" (For personal reasons only) Date(s):
	9-11	Unrestricted Leave School Year:
	9-12.5	Extensions of Leave Date - From: _____ To: _____
	13-5.2	Graduate Increment - Also refer to Sections A3.15 and A-3.16 of the WTU Contract (Note: The <b>Request for Advanced Increment Form</b> must accompany this request. Forms are available in the Human Resources and in the main office of each school.)
	13-5.3	Longevity (also refer to Section A-2) Requested Increment: <input type="checkbox"/> 20 Yrs. <input type="checkbox"/> 25 Yrs. <input type="checkbox"/> 30 Yrs.
		Other – Please describe: _____

Signature: \_\_\_\_\_

Approve: \_\_\_\_\_ Approve with Modification: \_\_\_\_\_

Modification: \_\_\_\_\_

Reject: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_