



WEST LAS VEGAS SCHOOLS

179 BRIDGE STREET
LAS VEGAS, NEW MEXICO 87701

TELEPHONE 505-426-2300 - FAX 505-426-2332

LEAVE REQUEST SLIP

EMPLOYEE'S INFORMATION

NAME: _____ SITE: _____

Personal Leave

Sick Annual Maternity/Paternity Personal Emergency Other _____

Leave Date(s) from _____ to _____ Number of Hours _____ or Days _____

Professional Leave (Please attach copy of agenda)

Name of Training _____

Training Date(s) from _____ to _____ # of Days _____ # of Training Hours _____

Location of Training _____ Funding Source _____
(City, State)

AUTHORIZATION SIGNATURES

Employee

Date

Principal/Supervisor

Date

Superintendent of Schools

Date