



# HTA Leave Request



All requests shall be submitted to the employee's Principal or Personnel Administrator five (5) days in advance, unless unforeseen circumstances prevent advance notice.

NAME \_\_\_\_\_ WORKSITE \_\_\_\_\_

DATE(S) OF ABSENCE: FROM \_\_\_\_\_ THROUGH \_\_\_\_\_ NUMBER OF WORK DAYS INVOLVED \_\_\_\_\_

REASON FOR LEAVE \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
H.T.A. PRESIDENT/DESIGNEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SITE ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSONNEL ADMINISTRATOR SIGNATURE

\_\_\_\_\_  
DATE

COPIES TO: PERSONNEL ADMINISTRATOR PRINCIPAL HTA PRESIDENT EMPLOYEE

HUSD 004-061