



**REGIS CATHOLIC SCHOOLS
LEAVE FORM/
SUBSTITUTE FORM**

Employee Leave Section

Name: _____ Date of Leave: _____

Hours taken:

- _____ Sick Leave
- _____ Personal Leave (must be requested & approved in advance)
- _____ Vacation (if eligible) (must be requested & approved in advance)
- _____ Bereavement/Funeral Leave
- _____ Jury Duty/Court Appearance
- _____ Excused Absence/Professional Leave (must be requested & approved in advance)
- _____ Unpaid Leave
- _____ Comments: _____

Employee's Signature _____ Date _____

Principal's Signature _____ Date _____

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Substitute Teacher: Please sign this sheet and return it to the Office Secretary

Substitute Teacher's Name: _____ Sub Date: _____

Location (circle one): RHS RMS Immaculate Conception St. Mary's St. James

_____ Full Sub day (over 4 hours)

_____ Half Sub day (less than 4 hours)

Signature: _____

Principal Signature: _____

Substitute Aide/Cook/Secretary: Please sign this sheet and return it to the Principal

Substitute's Name: _____ Sub Date: _____

Location (circle one): RHS RMS Immaculate Conception St. Mary's St. James

Begin Time: _____ End Time: _____ Total Hours: _____

Signature: _____

Principal Signature: _____

Payment for services will coincide with the schools' payroll periods.