

Shadyside Local School District

Rev.09/10

Request for Approval of Leave of Absence

Check One			
Sick Leave	Personal Leave	Unpaid Leave	Other Leave (List Name)
			Vacation

Name _____

School Assigned _____

Dates Requested _____
(Month) (Days) (Year)

For Vacation & Personal Leave
Balance Days _____
Number of days on this request _____
Remaining Balance _____

I am requesting leave from my duties for the following reason:

_____ Personal illness _____ Personal injury

_____ Illness, injury or death in the immediate family (Give relationship) _____ Exposure to contagious disease

_____ Reason other than those approved as sick leave

Description of reason _____

_____ Medical attention required (If yes, state name and address of physician)

Signatures: Applicant _____ Date _____

Approved
 Disapproved Supervisor _____ Date _____

Approved
 Disapproved Principal _____ Date _____

Approved
 Disapproved Superintendent _____ Date _____

Directions: This form is to be filed for all requests concerning absence from the job. Except for professional leave or field trips.

In case of personal illness it shall be completed **immediately** upon returning to the job.

For either paid or unpaid personal leave it shall be completed at least three (3) days in advance of these the days requested, except in cases of extreme emergency.

Return all copies to the superintendent's office.

Please attach any information that would be helpful in explaining the above request.

Personal Leave: I have read and understood "Personal Leave" as set forth in the policies and procedures of the Shadyside Board of Education.