

HARRISBURG SCHOOL DISTRICT 41-2

LEAVE REQUEST FORM ALL STAFF

NAME: _____

TYPE OF LEAVE REQUESTED:

_____ SICK	_____ PERSONAL
_____ FAMILY ILLNESS	_____ JURY DUTY
_____ MATERNITY/PATERNITY	_____ PROFESSIONAL
_____ BEREAVEMENT	_____ LEAVE WITHOUT PAY
_____ *relationship to deceased _____	
_____ VACATION (where applicable)	

DATES & TIMES FOR REQUESTED LEAVE: (full day, three-fourths day, half day, one-fourth day)

REASON FOR LEAVE REQUEST:

Leave requests will be granted subject to the current year's Master Agreement or Employee Handbook. Leave requests need to be turned in to your supervisor, who will forward it to the Human Resource office at least three (3) days prior to the requested absence. In emergency situations, the leave request should be submitted as soon as possible.

Employee Signature

Date

Supervisor Approval:

_____ Approved

_____ Denied

Substitute Requested:

YES

N/A

Supervisor Signature

Date

HR Office Use Only:

Disposition:

Reason:

Human Resources Signature

Date