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**ROCK HILL SCHOOL DISTRICT THREE OF YORK COUNTY**

**Request for Leave**

To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Immediate Supervisor)

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Month** | **Date(s)** | **Year** | **Reason**  **(Use Code)** | **Explanation**  **(excluding illness, personal leave, or vacation)** |
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Signature of Person Requesting Leave

**Code:**

\*1 - Personal Illness

\*2 - Personal Leave (3 days per school year)

\*3 - Family Illness

+4 - Death Leave (Immediate Family)

\*5 - Long-Term Illness (more than 10 days)

\*6 - Maternity Leave

\*7 - Injury on the Job

+8 - Military Leave (15-day limit)

9 – District In-service or Meeting

C – Professional Leave

+D - Jury Duty

E - Vacation

G - Leave Without Pay

+H – Other

\*- Counts Against Sick Leave

+ - Give Explanation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

*REVISED 9/29/17*