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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*