

# Rock Hill School District Three of York County Request for Approval of Personal Leave Exceptions

*This form is used to request approval of exceptions to personal leave:*

- 1. on the last day before or the first day after a holiday; or*
- 2. during the first or last two weeks of school; or*
- 3. for unpaid days in excess of five (5) allowable personal leave days.*

\_\_\_\_\_  
(School/Location)

To: \_\_\_\_\_ (Name of Immediate Supervisor)

From: \_\_\_\_\_ Position: \_\_\_\_\_  
(Name of Employee Requesting Leave) (Ex. teacher, secretary, custodian, etc.)

Date(s) Requested for Personal Leave: \_\_\_\_\_  
(Please be reminded that if you have used five personal leave days within this school year, you will be docked for any additional approved personal leave days.)

Reason for Leave Request: \_\_\_\_\_

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

**For unpaid leave, I understand that my pay will be docked my daily rate for each day absent. For payroll purposes, you must notify the superintendent's office if you DO NOT take the requested leave.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Principal / Immediate Supervisor)

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
(Superintendent)

*After approval, copies to:  
Employee ~ Supervisor  
Payroll ~ Personnel  
Superintendent*