



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)

\_\_\_\_\_  
Signature of Person Requesting Leave

\_\_\_\_\_  
School or Department

\_\_\_\_\_  
Approved By

\_\_\_\_\_  
Date

**Code:**

- \*1 - Sick Leave
- \*2 - Personal Leave (5 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 (Out of District)  
^Includes Virtual Meetings not hosted by our District
- +D - Jury Duty
- E - Vacation
- G - Leave Without Pay (Unpaid Leave)
- P – Teacher Present
- \*- Counts Against Sick Leave
- + - Give Explanation