



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
- +D - Jury Duty
- E - Vacation
- G - Leave Without Pay

- * - Counts Against Sick Leave
- + - Give Explanation