



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 - Personal Illness
 *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