



ROCK HILL SCHOOL DISTRICT THREE OF YORK COUNTY

Request for Leave

To: _____
(Name of Immediate Supervisor)

From: _____ Date: _____

Table with 5 columns: 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 (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
+Q - FFCRA
+Q2/3 - FFCRA 2/3 Pay
* - Counts Against Sick Leave
+ - Give Explanation