



**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 (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

\* - Counts Against Sick Leave  
 + - Give Explanation