

**CLASSIFIED LEAVE REQUEST
UNIFIED SCHOOL DISTRICT #417
COUNCIL GROVE, KANSAS**

(Name)

(School)

REQUEST FOR:

DATE:

SICK LEAVE on _____

- Employee Illness
- Immediate family illness or hospitalization
- Doctor or Dentist Appointment
- Death of _____

(Please check one)

PERSONAL LEAVE DAY (using SICK LEAVE DAY) on _____
(may be taken in 1/2 day increments)

VACATION (applies to 12 month employees ONLY) _____

LEAVE WITHOUT PAY on _____
Reason for requesting Leave Without Pay:

JURY DUTY on _____

This request must be approved by the building principal or immediate supervisor at least one week in advance. Employees will not be granted personal leave on the first or last day of the school calendar. Personal leave will be granted relative to the availability of substitute employees. Limitations may be waived in cases of emergency.

Employee Signature

Date

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 Approved Denied

Principal/Supervisor
Signature

Date

Approved Denied

Superintendent Signature

Date