SPARTA COMMUNITY UNIT DISTRICT #140

EMPLOYEE LEAVE REQUEST FORM

NAME: _____ POSITION: BLANK

TYPE OF LEAVE	Date(s)	1/2 Day		Full Day	Substitute Required?		Available Days Verified by Unit Office
		AM	PM		Yes	No	
Sick Day(s)							
Personal Day(s) (Regular, Escrowed or Special Sick)							
Reason for Personal Day (must state a reason if less than a 3 day notice is given)							
Vacation Day(s) (12 month employees only)							
Bereavement Leave Per Event: 3 days for death of immediate family Per Event: 1 day for death of extended family							
List Family Member:	Choose One: blank						
Other (i.e. meeting within district)							
List Reason:							
Comp Day(s)							
Non-paid or Dock Day(s)							

_____ / _____ /

Employee's Signature Date Submitted Supervisor's Approval Date Approved

*** * * * * * * * * * * * * * * * * * SUPERINTENDENT'S APPROVAL NOT REQUIRED FOR SICK DAYS * * * * * * * * * * * ***

Leave Approved ☐

Leave Not Approved ☐

_____ _____

Superintendent's Signature/Date Comment(s)

Revised 12/12/2016