

WEST BRANCH-ROSE CITY AREA SCHOOLS

Date Received:

REQUEST FOR LEAVE ~ SUPPORT STAFF

Name of Employee _____ Work Location _____

Job Classification _____ Number of Days Requested: _____

All dates should be within the same pay period – use a separate sheet for a different pay period

Day (ie: Monday)	Date:	All Day	or	Partial Day	Total Hours
			↔		
				AM PM	
				AM PM	
				AM PM	
				AM PM	
				AM PM	

Reason for Leave Request (Check, and fill in applicable lines)

- Illness
- Doctor Appointment
- Personal Business (reason):
*See Note at page bottom *** _____
- School Business (reason): _____
- Funeral (Relationship of Deceased): _____
- Other (Explain): _____
- Family Member illness
- Jury Duty (attach copy of juror selection letter)

EMPLOYEE SIGNATURE: _____ DATE: _____

Instructions: Complete this form and forward to your immediate supervisor.

FOR OFFICE USE ONLY:

Approved _____ Disapproved _____ Paid _____

Authorized: _____ **Date Signed** _____

**** It is understood that personal business days are not for the purpose of vacation or for business that can reasonably be conducted outside of the regular school day.**

Non-medical PTO days shall be arranged with the supervisor at least two (2) days in advance, unless an emergency situation arises and is approved by the supervisor. Reasonable restrictions may be imposed on PTO days immediately before or after a holiday, vacation period or the first day of deer season.