

Request for Leave

Absence Information

Employee Name: _____ Employee Number: _____ Location: _____
 Supervisor: _____ Date(s) of Absence: _____

Type of Leave Requested:

<input type="checkbox"/> Personal # Days _____	<input type="checkbox"/> Vacation/ Annual # Days _____	<input type="checkbox"/> Holiday # Days _____
<input type="checkbox"/> Sick # Days _____	<input type="checkbox"/> Leave Without Pay <small>*Must be approved by Superintendent</small> # Days _____	<input type="checkbox"/> Other: _____ # Days _____
<input type="checkbox"/> Leave of Absence Over 20 Days <small>*Please provide reasons for the leave in "Comments" section below and attach doctor's statement.</small> # Days _____	<input type="checkbox"/> Extended Leave of Absence <small>*Please provide reasons for the leave in "Comments" section below and attach doctor's statement.</small> # Days _____	

Note:

1. All absences in excess of 20 days must be board approved.
2. All other leave requests, see Limestone County Board Policy website at www.lcsk12.org

Comments/Explanation for leave of absence over 20 days:

Employee Signature

Date Date

Supervisor Approval

- Approved
- Denied

Comments:

Supervisor Signature

Date

