

Posted
Admin Ofc.

**POTTSVILLE SCHOOL DISTRICT
REQUEST FOR LEAVE OF ABSENCE**

NAME: _____ **DATE:** _____

SSN: _____

I hereby apply for leave of absence on the following dates:

Beginning (1st day of absence): _____

Ending (last day of absence): _____

TOTAL WORK DAYS: _____

Type of leave requested:

_____ Vacation (120)

_____ School Business (145)

_____ Maternity (110)

_____ Illness (110)

_____ Personal (115)

_____ Military (135)

_____ Bereavement (111)

_____ Jury Duty (130)

_____ (Cost of Sub Docking)*

_____ Family Medical Leave

_____ Leave W/O Pay (090)

*After sick bank is depleted

Extended Leave Only, Max of 10 days

Must also be marked on absentee sheet*

_____ Other

Explanation of request: _____

Employee Signature / Date

Approved _____ Disapproved _____

Principal / Supervisor / Date

Approved _____ Disapproved _____

Superintendent / Date