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)							
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 09/15/22