## CLASSIFIED SICK LEAVE APPLICATION (Section 4.A4 and 4.A5)

School Assigned:			Date;	
Employee's Name:		Number of Days Requested:		
Sick Leave Beginning:	2	0 and ending		2Ö <u></u>
An employee shall be grant member of his/her immedia earned paid sick leave, or d include his/her spouse, mo grandparent(s), grandchild, a (loco parentis).	ite family, for preg eath in the employ other, father, child	mancy provided the ee's immediate fam L brother, sister, s	e employee has aily. Immediat sister-in-law, b	s accumulated e family shall vrother-in-law,
1. Personal illness, Nat2. Personal injury, Nat3. Illness or injury in I4. Death in Immediate5. Other:	ure of injury: mmediate Family: Family:	(Name/Relat (Name/Relat	ionship)	
Signature of Employee	Date	Building Principal o Verification Si		Date
Superintendent's Signature	Date			•
`*************************************		**************************************		****
Employee's Name:		Date:		
All requests must be made with a minimum of 14 day notification may be waived be 14 days prior to the request.	ys prior to the star by the Superintender	et of the vacation.  It if he/she deems the	The 14 days ne reason to be	nor yacauon unforeseeable
Start Date:	End Date:	Total \	Vacation Days	Used
Approved	Supervisor:			
Disapproved	Superintendent	·	Date:	

## CLASSIFIED PERSONAL LEAVE (Section 4.H)

School Assigned:		Date:		
Employee's Name:		Dates Requested:		
Supervisor) and approve days personal leave for e shall be made to the Sup except in case of emerger	d by the Superintendent ach year under contract (Joervisor for approval three acy.	s immediate supervisor (An employee may be gram aly 1 – June 30). Request (3) working days prior to s which cannot be resolved	ted up to three (3) for personal leave the requested day	
hours school is  2. Emergencies  3. Other  Reason for emergency leading	in session.		. J	
•				
Approved Disapproved	Supervisor:		oate:	
	Superintendent:	I	Date:	
If it does not interfere v permitted to attend the As to attend the Annual OA	vith the operation of the sonual District Meeting. A PSE conference without lo	MEETING (Section 4.1) school program, school enuthorized union delegates a coss of pay. Permission to m the school Superintender	nployees may be may be permitted take time off to	
Employee's Name:		_ Date Request Submitted:		
Building:	<u> </u>	_ Number of Days Reques	sted	
Date of Absence: From		Through	Pr	
Reason for Request:				
Please list costs involved:	Food Registration	Lodging State/Grant Reimbursed:	Transportation YesNo	
Total Cost				
Approved	Supervisor:	Date:		
Disapproved	Superintendent:	Date	·	