

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

School Assigned: _____ Date: _____

Employee's Name: _____ Number of Days Requested: _____

Sick Leave Beginning: _____ 20__ and ending _____ 20__

An employee shall be granted sick leave with pay for illness or injury of the employee or a member of his/her immediate family, for pregnancy provided the employee has accumulated earned paid sick leave, or death in the employee's immediate family. Immediate family shall include his/her spouse, mother, father, child, brother, sister, sister-in-law, brother-in-law, grandparent(s), grandchild, a legal guardian or other person(s) who stands in place of a parent (loco parentis).

- ____ 1. Personal illness, Nature of illness: _____
- ____ 2. Personal injury, Nature of injury: _____
- ____ 3. Illness or injury in Immediate Family: _____
(Name/Relationship)
- ____ 4. Death in Immediate Family: _____
(Name/Relationship)
- ____ 5. Other: _____

Signature of Employee	Date	Building Principal or Supervisor Verification Signature	Date
Superintendent's Signature	Date		

VACATION DAYS REQUEST (Section 6.e)

Employee's Name: _____ Date: _____

All requests must be made in advance to the Superintendent. The request must be submitted with a minimum of 14 days prior to the start of the vacation. The 14 days for vacation notification may be waived by the Superintendent if he/she deems the reason to be unforeseeable 14 days prior to the request.

Start Date: _____ End Date: _____ Total Vacation Days Used _____

_____ Approved	Supervisor: _____	Date: _____	
_____ Disapproved	Superintendent: _____	Date: _____	

