

MANCHESTER LOCAL SCHOOL DISTRICT
130 Wayne Frye Drive
Manchester, Ohio 45144
937-549-4777
Fax: 937-549-4744

REQUEST FOR USE OF LEAVE

Employee Name _____ Date _____

Building _____

I request leave beginning on _____ from _____ AM/PM, and
(MONTH) (DAY) (YEAR) (TIME)
ending on _____ to _____ AM/PM.
(MONTH) (DAY) (YEAR) (TIME)

Check one:

Sick Leave:

- _____ Medical, Dental, or Optical Examination or Treatment
- _____ Personal illness or injury
- _____ Serious illness or injury in immediate family (Relationship _____)
- _____ Death of _____ (Relationship _____)

_____ Vacation

Court: _____ Court Duty _____ Jury Duty
Subpoena issued by _____

Military: _____ With Pay _____ Without Pay

_____ Leave without pay (Reason) _____

_____ Personal leave (Reason) _____

_____ Professional leave (Description) _____

_____ Other (Explain) _____

Total # of Days _____ Signature of Employee _____

Signature of Supervisor _____

Remarks _____

* Up to three (3) days of unrestricted personal leave shall be granted per school year. Notice shall be given to the principal at least seventy-two (72) hours in advance.
* In an emergency situation which makes it impossible to give the seventy-two (72) hour notice, this requirement will be waived provided notice is given promptly by the member upon his/her discovering the need to use personal leave.
* Personal leave shall not be continuous to a school vacation or holiday.
* Personal leave shall be taken in units not smaller than one-half day.