

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.