

**MINERVA LOCAL SCHOOL DISTRICT
LEAVE REQUEST FORM**

NAME _____ DATE _____

DATE OF REQUESTED LEAVE _____

SICK LEAVE

[] Personal illness, emergency dental or medical appointment

Explain _____

[] Illness, injury or death in employee's immediate family (to include members of employee's household and/or spouse, parent, child, brother, sister, mother or father-in-law, step children, step parents, foster children, foster parents, grandparents and grandchildren shall also be considered immediate family for this purpose).

Explain _____

[] Exposure to contagious disease which could be communicated to others

[] Pregnancy

- VACATION JURY DUTY ASSAULT
 FAMILY MEDICAL LEAVE
 COMPENSATORY TIME

Explain _____

**SUPERINTENDENT'S PRIOR APPROVAL
REQUIRED FOR UNPAID LEAVE**

UNPAID LEAVE

Explain _____

SIGNATURE OF EMPLOYEE _____

PERSONAL LEAVE UNRESTRICTED

PERSONAL LEAVE RESTRICTED

Superintendent's advanced approval required for absence and not before or after a holiday.

[] Death or severe illness of a close friend not covered under sick leave.

[] Legal transaction or personal business that cannot be handled outside the school day.

[] Court appearance as litigant, witness (attach notice or subpoena).

[] Observation of religious holiday where total abstinence from work is required,

[] Participation in the wedding of a member of the individual's immediate family.

[] Graduation exercises for employee, spouse, or child

[] Other _____

Explanation if needed _____

RESTRICTED PERSONAL LEAVE NOT TO INCLUDE: Pleasure trips, shopping, working at home, activities connected to personal gain, etc.

Superintendent's prior approval required for Personal Leave

APPROVED _____ DENIED _____ DATE _____

Building Principal / Supervisor / Superintendent

ROUTING AFTER APPROVAL:

WHITE - Treasurer

YELLOW - Employee

PINK - Principal/Supervisor