



LEBANON R-3 PERSONAL LEAVE REQUEST FORM

Instructions:

- All personal leave must have administrator approval & be at least 48 hours in advance whenever possible
- Fill out employee info, dates requested and length of leave.
- Select reason for personal leave among choices provided and attach statement in writing with explanation of leave request
- If leave meets special circumstances*, form will be sent to Central Office for Assistant Superintendent review

Name _____ Date _____

Job Duties _____ Building _____

Date(s) Requested _____ Length of Absence _____ Day(s)

Board Policy - GCBDA and GDBDA

A maximum of two (2) days of personal leave will be available per school year. Personal days will be subtracted from sick leave. Unused personal days will be accumulated as sick leave. My absence is for the following reason (please mark appropriate reason)

- | | | |
|-----------------------------------|----------------------|-----------------------|
| Tax Investigation | Court Appearances | Wedding or Graduation |
| Observance of a religious holiday | Leave under the FMLA | |

Conducting personal business of such a nature that it cannot be performed on Sat, Sun or before or after school hours, including P/T Conf.

Leave connected with duty as a volunteer firefighter, member of Missouri-1 Disaster Medical Assistance Team, Missouri Task Force One Urban Search and Rescue Team or activation by the Federal Emergency Management Agency (FEMA) in times of natural disaster.

Leave for other purposes as approved by the principal/director: _____

_____ Employee Signature	_____ Date	_____ Administrator/Director Signature	_____ Date
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Assistant Superintendent Review

**If leave exceeds the two personal leave days granted yearly or is the day(s) before or after a holiday or vacation, or during the first week of school (5 days with students) or the last week of school (5 days) then the Assistant Superintendent MUST review leave request.*

[] Approved [] Disapproved

_____ Personal days applied _____ Dock days applied

_____ Date: _____

Signature of Assistant Superintendent

OFFICE USE ONLY:

[] Frontline Conf # _____

[] Enter SisFin

Days Available: _____

Days Used: _____

Days Remaining: _____