



Rogersville City School Leave Request Form Sick Leave

This form is to be completed and submitted to the Director of Schools or Principal for approval as soon as possible **PRIOR** to the requested leave. We realize that not all sick leave can be scheduled; therefore, if this form cannot be completed prior to the date of leave, you will need to contact the office the morning of the leave to advise the type of leave you are taking and name your substitute. Also, in the case of an unscheduled absence, please submit the leave request form upon the first day work is resumed.

Employee Name _____

I hereby request _____ day(s) leave for _____
(number of days) (self sick, family sick, death in family)

From _____ to _____
(beginning date) (end date)

I understand that leave pay will not be authorized until this form is approved by administration.

(Employee's Signature) (Date)

(Name of Substitute) (Date)

APPROVED: _____
Director/Principal (Date)

FOR FINANCE USE ONLY:

Total Days Earned: _____

Days Taken (including above) _____

Days Remaining _____

Sick leave shall be defined as: illness of a teacher or staff from natural causes, accident, quarantine, illness or death of a member of the immediate family of a teacher or staff, including the teacher's/staff's spouse, parents, grandparents, children, grandchildren, brothers, sisters, mother/father-in-law, daughter/son-in-law and brother/sister-in-law.