

Leave Request Form and Statement

CASEY COUNTY SCHOOLS

Substitute _____

Name _____

Work Location _____

Date(s) of Absence _____

Please complete this card indicating the type of leave requested. Use one card for each type of leave requested.

- Sick(see next page for statement that may be required)
- Maternity/Adoption
- Military/Disaster Services
- Non-Paid Day
- School Activity _____
- Personal(see next page for required statement)
- Jury
- PD/Approved Meeting
- Other _____

I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature

Date

Superintendent/designee's Signature Approving Leave as Requested

Date

For office use only

<i>Received</i>	<i>Date</i>
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