



FRANCIS HOWELL SCHOOL DISTRICT
801 Corporate Centre Dr
O'Fallon, MO 63368
Phone: 636-851-4000

RELIGIOUS OBSERVATION LEAVE REQUEST FORM

Name

School Assignment

Location

Date(s) of Requested Leave

Title of Religious Observance

In requesting leave for religious observance, I certify that the requirements of my religion prohibit performance of work duties on the day(s) for which I have requested leave.

Date

Employee

Date

Supervisor

Date

Chief Human Resources Officer/Director of Non-Certified Personnel

Note: Request must be made thirty (30) days prior to requested leave.