ROCK HILL SCHOOL DISTRICT THREE OF YORK COUNTY

Request for Leave

To: _____
(Name of Immediate Supervisor)

From: _____ Date: _____

Month	Date(s)	Year	Reason (Use Code)	Explanation (excluding illness, personal leave, or vacation)

_____
Signature of Person Requesting Leave

_____
School or Department

_____
Approved By

_____
Date

Code:

*1 - Sick Leave
*2 - Personal Leave (5 days per school year)
*3 - Family Illness
+4 - Death Leave (Immediate Family)
*5 - Long-Term Illness (more than 10 days)
*6 - Maternity Leave
*7 - Injury on the Job
+8 - Military Leave (15-day limit)
9 – District In-service or Meeting
^C – Professional Leave (Out of District)
^Includes Virtual Meetings not hosted by our District
+D - Jury Duty E - Vacation
G - Leave Without Pay (Unpaid Leave)
P – Teacher Present
*- Counts Against Sick Leave
+ - Give Explanation

REVISED 7/2025