DORCHESTER SCHOOL DISTRICT TWO
MILITARY LEAVE/SCHOOL BUSINESS

PROCEDURE

Except in cases of emergency, requests for leave must be submitted in advance.

- **Employee:** Prepare/sign the form and submit to Principal or Immediate Supervisor. ***Attach all necessary absence verification (i.e. registration confirmation for school business, official orders for military leave, etc.)***
- **Principal or Immediate Supervisor:**
  Military Leave: Retain one copy for principal/supervisor records and return an approved copy to the employee. Forward the original, along with copies of the official orders, to the Payroll Department.
  School Business: Retain the original for principal/supervisor records and return an approved copy to the employee.

_____ xxx-xx-_____
Employee's Name (Please Print) SSN

_____
Work Site

Date Request Made: _____ No. Days Requested: _____

Dates(s) of Absence: _____

Substitute's Name: _____ ***(to be completed by Payroll/Financial Secretary)***
Costs covered by
(dept name/acct #): _____ ***(to be completed by Payroll/Financial Secretary)***

☐ **Military Leave**	• Leave applies to members of the SC National Guard, the US Naval Reserve, the Officers Reserve Corps, the Enlisted Reserve Corps, the Reserve Corps of the Marines, the Coast Guard Reserve and the US Air Force Reserve.
	• Employees are entitled to a leave of absence not to exceed:
	  o Fifteen (15) days in any one year for training or other such duties.
	  o Thirty (30) additional days when employee is called upon to serve during an emergency.

☐ **School Business**	Requests to attend/participate in conferences, workshops, university courses, or other professionally related activities requiring individual to be absent from normal duties. Each school will be allotted a lump sum of professional leave days to grant to its faculty members.**This request should be made well in advance.** **Reason:** _____

Complete leave policies can be found in the Dorchester School District Two Personnel Handbook.

Requesting Employee Signature _____ **Date** _____

Principal/Supervisor Signature _____ **Date** _____

Budgetary Approver Signature
(Dept covering substitute cost)** _____ **Date** _____

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