Rock Hill School District Three of York County
Request for Approval of Personal Leave Exceptions

This form is used to request approval of exceptions to personal leave:

1. *on the last day before or the first day after a holiday; or*
2. *during the first or last two weeks of school; or*
3. *for unpaid days in excess of five (5) allowable personal leave days.*

_____
(School/Location)

To: _____ (Name of Immediate Supervisor)

From: _____ Position: _____
(Name of Employee Requesting Leave) *(Ex. teacher, secretary, custodian, etc.)*

Date(s) Requested for Personal Leave: _____
(Please be reminded that if you have used five personal leave days within this school year, you will be docked for any additional approved personal leave days.)

Reason for Leave Request: _____

_____

_____

_____

_____

_____

_____

For unpaid leave, I understand that my pay will be docked my daily rate for each day absent. For payroll purposes, you must notify the Payroll Department if you DO NOT take the requested leave.

Employee Signature: _____ Date: _____

Approved: _____ Date: _____

After approval, copies to:
**Employee*
**Supervisor*
**Payroll*
**Human Resources*

Updated 4/2026