

SVSD Daily Leave Slip

Non-Rep

Please read instructions before proceeding:

- Only used when Skyward entry is unavailable, supporting documentation is required, or Superintendent/Designee approval required.
- Barring emergency, forms must be submitted in advance for required approval.
- The column "Total Hours" needs to indicate the **number of hours** of leave requested.
- Leaves that span a month break must be submitted on two separate forms, one for each month impacted.
- Partial day leaves must indicate the date(s) and number of hours of leave per day.
- Hourly employees must include leave hours on corresponding timesheets.

Name _____ School/Dept _____

Position/Title _____

Account Code (release time only) _____

First day of leave (MM/DD/YYYY) _____ Last day of leave (MM/DD/YYYY) _____

If partial day, time(s) of leave _____

Total Hours	Description	Type	Reason for Absence Do not leave blank
	Sick Leave (access current balance in Skyward; use form for new employees without sick leave loaded yet)	Sick	
	Personal Leave (attach documentation for PL on restricted dates)	PL	
	Family Illness	FI	
	Vacation	Vac	
	Bereavement	BE	
	Other		

It is the employee's responsibility to ensure they have an adequate leave balance (check Skyward Employee Access) before making a request. If the request for leave is approved and it is later determined that the employee does not have an adequate available balance, any days taken will be processed as unpaid leave.

Employee Signature _____ Date _____

Supervisor Approval/Acknowledgement ☐ Approve ☐ Deny ☐ Acknowledge (unpaid leave only) Supervisor Signature _____ Date _____	Superintendent/Designee Approval (Required for Personal Emergency Leave) ☐ Approve ☐ Deny Approval Signature _____ Date _____
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After obtaining Supervisor Signature, email to humanresources@svsd410.org for processing and retain a copy for your records.

Please DO NOT mail a duplicate copy.

Updated 11/25

Payroll Use Only: