SOUTH MADISON COMMUNITY SCHOOL CORPORATION

CERTIFIED STAFF LEAVE REQUEST FORM

Type of Leave Requested: _____ Teacher Name – Printed _____

* 1. PERSONAL BUSINESS	3. PROFESSIONAL LEAVE	7. ADOPTIVE LEAVE
* 2. PERSONAL ILLNESS/ ILLNESS IN FAMILY (Circle Personal or Family)	4. JURY/WITNESS	8. CHILD CARE LEAVE
	**5. FUNERAL	9. STUDY LEAVE
	6. PATERNITY LEAVE	10. UNPAID LEAVE

Number of Days Requested: _____ Date(s) Leave will be taken: _____

I hereby request approval of my application for _____leave. The specific reason for my request is:

_____

_____

* Personal Business & Personal Illness/Illness in Family Requests Do Not Require a Reason ** State Family Relationship

_____ _____ _____

Teacher's Signature Principal's Signature Superintendent's Signature

Date: _____ ☐ Substitute Required

Comments by the Superintendent: _____

_____

APPROVED DISAPPROVED Date: _____