

SHELBYVILLE COMMUNITY UNIT SCHOOL DISTRICT NO. 4
CLASSIFIED REQUEST
SICK LEAVE – PERSONAL LEAVE – VACATION LEAVE

Please complete and return to your Principal or Supervisor as specified for the type of leave request.

EMPLOYEE NAME: _____

☐ **SICK LEAVE**

Date/Time of Absence _____

Complete immediately after the absence, or when possible, prior to absence.

Reasons for and/or Requests _____

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☐ **PERSONAL LEAVE**

Date/Time of Absence _____

Present request to Principal or Supervisor not less than five working days prior to leave day(s). Personal days must be approved in advance by the Principal or Supervisor and may be approved verbally in emergencies and cannot be used to extend a holiday or vacation period.

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☐ **VACATION LEAVE**

Date/Time of Vacation _____

Present request to Principal or Supervisor not less than five working days prior to leave day(s). Vacation days must be approved in advance by the Principal or Supervisor and may be approved verbally in emergencies and cannot be used to extend a holiday or vacation period.

_____ Employee Signature	_____ Date of Request	_____ Supervisor Signature	_____ Date
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_____ Superintendent's Signature	_____ Date
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